

THE INDIAN HOMEOPATHIC REVIEW.

Vol. XXII.

January 15, 1913.

5 1.

"The knowledge of disease, the knowledge of remedies, and the knowledge of their employment constitute medicine."

S. HAHNEMANN.

EDITED BY

P. C. MAJUMDAR, M. D.

J. N. MAJUMDAR, M. D.

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THE INDIAN HOMEOPATHIC REVIEW

A Monthly Journal of Homeopathy and Collateral Sciences

EDITED BY

P. C. MAJUMDAR, M. D., & J. N. MAJUMDAR, M. D.

The Objects of this Journal are :—

1. The diffusion of the knowledge of Homeopathy in our country and teaching a strict adherence to Hahnemannian practice.
2. The development of Homeopathic Practice of Medicine and Materia Medica ; especially the proving and clinical application of indigenous drugs of the country.
3. Social Science and Hygiene also occupy a place in this Journal.
4. Co operation and friendly intercourse with our colleagues in Europe, America and other parts of the world.

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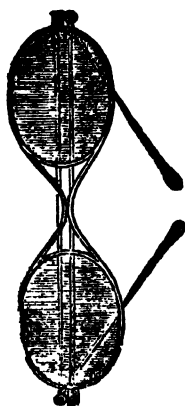
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JANUARY 15, 1913.

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NEW YEAR.

With the new year the Indian Homeopathic Review launches on the twenty-second year of its existence. We are glad to find that the journal is able to do much towards the propagation of Homeopathy in India. It has also enabled us to co-operate with our colleagues abroad. Homeopathy is spreading on all sides in India. While compiling the Indian Section of the International Homeopathic Directory, we found we had regularly qualified homeopaths nearly all over India. We hope they will do more for the propagandism of Homeopathy than they have done heretofore. The Calcutta Homeopathic Hospital has opened its Outdoor Department and we expect to open the Indoor shortly. With such prospects we begin the work of the new year. In conclusion we extend our cordial greetings for a happy new year to all our readers.

J. N. M.

HOMEOPATHY—THE SCIENCE.

More than a century ago Hahnemann discovered the law of cure and demonstrated it by actual facts in practice. His method was publicly set forth before the medical world with a request to give it trial according to the rules laid down by him. Instead of doing this the medical faculty at that time denounced him as an imposter and a visionary intruder. But truth always prevails and his accusers were silent when they saw that his method of practice was superior to all others. There is not a shadow of doubt that homeopathy is based on scientific foundation. The more the time passes, and as new discoveries come into existence in medical practice, the stern fact of the scientific nature of Hahnemann's discovery becomes the more established.

The allopathic school at one time ridiculed the minute doses of Homeopathic medicine. Its strongest supporters used to say that it was like a drop in the ocean. It cannot possibly have any effect. But now with the discovery of Radium, public confidence in the existence of wonderful power in these minute particles of matter, is firmly established. The dual action of a medicine, in small and big doses, is also indisputably demonstrated in the Galvanometer. When heat is applied slightly on the wire of the instrument, the needle is deflected in one direction and when heat is applied for a considerable time, the needle is seen to be deflected on the opposite direction. So the small and big amounts of heat have quite an opposite action on the needle of a galvanometer. Minute quantities of vegetable and mineral substances often exhibit enormous amount of power in physical science.

The vaccines and serums so recently discovered by the allopathic profession conclusively prove the efficacy of a minute dose. They also cannot deny that disease germs

which are infinitesimally minute bodies, exert what wonderful power in the production of such serious diseases as Typhoid fever, Plague, Asiatic cholera and so forth. Far-sighted Hahnemann discovered the effect of minute doses of medicine a hundred years before these recent discoveries. The vaccine and serum therapy is nothing but a crude form of Homeopathy.

It is thus proved beyond doubt that homeopathy is a true science of medicine. It is based on the solid basis of a law of cure. It is not dependent on false hypothesis or groundless theories. All are facts here. It is a matter of regret that among the votaries of homeopathy there is a division in the camp for very simple reasons. There is seldom any dispute about the law of cure, neither is there any disagreement in the application of medicines in reduced doses. There is a dispute over this reduction of dose or dilution or potency as it is differently denominated by the upholders of different views on this question. Some recommend lower dilutions and others extremely high potencies. This is merely a matter of choice and experience. Clinical test is the best test in question of dose everywhere. I remember long ago an Assistant Surgeon in Calcutta Medical College (allopathic) prescribed drop doses of Ipecacuanha to his patients. This was taken notice of by his superior officer and an altercation ensued. He was reported to the medical board and he was called upon to answer. He said in his defence that it was his experience and asked the members of the medical board why did they all give such big doses. They said it was their experience and they saw such big doses were efficacious. Have you ever tried small doses like what I did? This settled the question and the medical board could not pass any unfavorable judgment in the matter. So the question of dilution depends on the matter.

of experience. As homeopaths we cannot say that there is no appreciable substance in such high potencies. Homeopathic dose has nothing to do with the quantity of the substance, it is simply a dynamic force. When you are able to apply this force with precision, you are sure to get the effect whatever be the quantity used. While arguing with Dr. H. C. Allen, the champion of high potency, he once remarked in passing that the selection of the medicine according to the law of similars was true homeopathy and the dose was a minor item. By continued practice with high potencies, he was convinced that when the selection was right, and the similimum was found, high potencies cured promptly and permanently.

So we should not ridicule a physician simply because he is using high potencies or the lower ones. The fact is that we must have firm faith in the law of cure. We should show liberty and charity in these matters and on an occasion of discussion we should show tolerance and good faith in the experience of other physicians. We must bear in mind that Hahnemann is our preceptor and guide and in his name we must forget and forgive and bind ourselves to the common cause—the advancement and propagation of the true art of healing—homeopathy.

P. C. MAJUMDAR, M. D.

Clinical Cases.

P. C. MAJUMDAR, M. D.

I.

B., aged 32, suffered long from malarious fever and big and repeated doses of quinine were given him by the allopathic doctors. He came under my treatment in a bad state on the 17th of April, 1899. I was consulted by my friend Dr. N. H. The patient had the following symptoms and conditions:—

Body anemic and emaciated ; great exhaustion. Eyes puffy, extremities showed signs of general anasarca.

Abdomen was slightly distended both with water and gas. Slight fever in the afternoon. Burning sensation, no chill or sweat. Fever left him entirely at night. Slight thirst for cold water which often disagreed. Urine scanty and high-colored.

Bowels obstinately constipated. There was appetite but disgust for food. Occasional vomiting. Urine scanty and high-colored. Analysis revealed $\frac{1}{4}$ albumen. Some hyaline casts with a specific gravity of 1008. Acon. 3x was given by my friend with no effect.

Arsenic 30, one dose, morning and evening.

20th. Improving. Continued Arsenic 30.

24th. Fever not perceptible, albumen diminished. Placebo twice daily.

29th. Abdomen distended, diarrhoea, heart burn, but the swelling had gone down. Nux vom 6x twice daily.

Better the next day, no medicine.

1st May. Better in other respects except since last night the patient has been feeling a pain in the region of the left kidney and there was a boggy sensation there. Berberis 6x, three times a day.

Pain disappeared the next day. General improvement continued. Placebo.

Improvement steady till the 22nd May. On the 23rd. I was suddenly called and saw him in great distress. Difficulty of breathing and great prostration.

Arsenic hydrogen 6x every hour till he felt better. The patient improved after this and a complete cure was effected by the end of June. This was a typical case of albuminuria.

II.

A young boy of 8 summers had an attack of malarious

fever in the beginning of July, 1899, and was dosed with big quantities of quinine. As a consequence, he suffered off and on from recurrence of fever. He came under my treatment on the 19th of August. Symptoms were irregular in every respect. Sometimes, the chill was absent, there was only burning and no sweat, at other times profuse sweat.

Three days before he came to me his fever became of a remittent type. There was no thirst. The temperature rose to 104°6. every morning at 4 A. M. Sulphur 30 one dose.

No medicine the next day. Fever was less but early morning temperature rose the same. The boy was hungry all the time.

On the 31st August. One dose of Sulphur 200.

Better. Bowels free and no more medicine, fever left.

On the advent of the new moon which was on the 5th of September, there was fever again, with slight chill and copious perspiration. I consulted my son Dr J. N. Majumdar and Silicia was decided upon and one dose of the 30th potency checked the fever. He had no more attack and gained health.

III.

Babu B. P's son, aged 3 three years, was down with cough and cold and slight fever on the 6th of December, 1899. This gradually grew more and fever rose to 102°6. There were difficulty of breathing and great pain in the throat.

The allopathic doctor who attended before me did not think it necessary to look at the throat. I was called on the 12th and found that the whole of the soft palate and uvula were covered with greyish looking deposit which had detached in some parts and underneath was highly red. Fever was very high and there was much dyspnœa. On attempting to swallow fluid ran down by the nose. Great prostration, did not allow the throat to be touched even on the outside on

account of pain. No glandular swelling. Bowels regular, some fluid mucus from the nose. Lachesis 30 one dose every 4 hours.

13th. Much better as regards pain and difficulty in breathing, but fever and the appearance of the throat almost the same.

Continued Lachesis, three times a day.

17th. Worse in every respect, great difficulty, cyanotic face. Lachesis 200 one dose.

No better. Consultation with Dr D. N. Ray. Merc. cyanatus 6x, every 3 hours. Not much improvement after 48 hours.

Grayish white membrane with same color of tongue; much cough and hard breathing.

Kali B'ch 30 every 4 hours.

This had the desired effect.

The patient gradually recovered but the voice remained nasal for some time. This was a very bad case of Diphtheria.

IV.

A young girl, twelve months old, otherwise healthy, had an attack of diarrhoea on the 22nd January 1899. There were many stools day and night, and the stools were green mucous with water mixed with it. She seemed to have great pain and was very restless; there was a tendency to convulsion, mother's milk was bad, so barley water sweetened was given as food.

Chamom 12x one dose after each stool.

There was a severe convulsion after six hours. Bellad. 30 was given every 3 hours and wet cloth was put on the forehead. Eyes were red and there was heat of the head.

23d. Convulsion less but the child became drowsy. Diarrhoea almost stopped but there was tympanitic distention of abdomen and sighing breathing.

Opium 6x every 3 hours.

25th. After six doses of Opium the child was better; in fact cure was effected with this medicine alone.

IV.

A young child of 13, aged 8 months, had an attack of Erysipelas of arms and upper part of chest. Fever high, redness and considerable swelling of the parts, restless night, crying incessantly, purging and vomiting. Rhustox was given before I was called, which reduced the fever to some extent and redness and swelling also went down, spreading over the lower part of abdomen and upper part of thigh with a tendency to attack the penis and scrotum. Vomiting stopped and purging was also much less but still the stools were watery, no pain or tenesmus. Pulsat 30 one dose morning and evening. This cleared off the case at once and in two days' time complete cure was effected.

WRITER'S CRAMP.

This is comparatively a very rare disease but in my clinic these cases are often met with. It is a distressing and troublesome ailment of a class of useful people whose services are invaluable. It consists of involuntary muscular contractions or sometimes paralysis of muscles occurring during an attempt to write.

The disease occurs in those persons who write a good deal and obtain little rest from writing. It is therefore called writer's camp. Men of other occupations such as tailors, piano-players &c are also often subject to this disease.

It is a neurotic disease and very difficult of cure. Prolonged treatment is necessary. This is also the case with those who are of psoric or scrofulous constitution.

Therapeutics—Very few remedies are required in the management of this disease. But careful selection of remedies is of utmost importance. Strictly indicated medicines give wonderful results.

Argentum nitricum and **Argentum metallicum** are the first to be thought of. Contraction of muscles with inability to write and paralysis of the parts which prevent writing. Tremulous weakness and nervous restlessness. It is caused by fear or by indulgence in alcoholic stimulants and sexual excesses.

Anacardium—Trembling of hands when attempting to write, when the muscles seem to be stretched too much. Disease brought on by seminal loss or too much drinking.

Causticum is valuable when there is a rheumatic history in the case. Unsteadiness of the muscles of the forearm and hand, contracted tendons in the palm of the hand, aggravated by motion. Weakness of right hand with stiffness and trembling.

Gelsemium is a very valuable remedy in this disease and we have often cured cases with it in high potencies. Loss of power in the hand from writing and playing the piano. Tired feeling. Loss of voluntary motion.

Hepar sulph is often required as a constitutional remedy. It produces shaking in arms and tremor in fingers while writing.

Silicia is an antipsoric remedy and is often to be thought of in this disease. Loss of power, like paralysis of hand and fingers.

Stannum.—General nervous weakness. Cramp-like pain between the thumb and index fingers while writing and ceasing when pen is not held so tightly ; reappearing as soon as writing is attempted.

Rest is the best thing in these cases and it is absolutely necessary to ensure a cure. Some advice electricity in **Writer's Cramp**.

REPETITION OF DOSES.

P. C. MAJUMDAR, M. D.

In a previous number of this journal there appeared an article on the question of doses and now about the repetition of homeopathically selected remedies. We are sorry to notice that in our city among the homeopathic physicians a great deal of anomaly prevails about the repetition of doses. Many are working in a half hazard way. There is a class who repeat the doses too frequently without reason or rhyme. Whilst another class avers to repeat even in urgent cases where frequent repetition is absolutely necessary. A friend and colleague of mine even remarked to me that in a cholera case, one of the so-called Hahnemannians prescribed Arsenicum and gave only one dose of the 200th potency. The case was getting worse and still Arsenic was indicated, but that homeopath said that as he had given a high potency, he could not repeat it; the doctor was dismissed and my friend, also a good homeopath, took charge of the case, repeated the very same Arsenic 200 and cured the case. Another case I know where one dose of Cina 200 was given, the effect was marvellous and no repetition was necessary however; the cina was frequently given, and the case got worse. I stopped it and gave a smell of Camphor which cured the patient.

Hahnemann very clearly and in lucid language laid down rules for repetition of doses.

In section 245 (Organon 5th Ed.) Hahnemann says "Every perceptibly progressing and strikingly increasingly amelioration in a rapid (acute) or lasting (chronic) disease is a condition, which, as long as it lasts, excludes entirely every repetition or any use of medicine, and hastens to its perfection. Every new dose of any medicine even of that given last, which has hitherto proved itself curative, would in this case disturb the work of improvement.

Again in section 246 he continues :—"Slow progressing amelioration upon a dose of strikingly homœopathic selection, if it is very accurate, also sometimes in its uninterruptedly continued action, accomplishes that help, which this remedy according to its nature is generally capable of rendering in this case, in periods of forty, fifty or one hundred days. But this is seldom the case. It is the interest of the physicians as well as the patient to shorten this time one half, one quarter, or more and thus to attain such quicker healing. And this, as more modern, often repeated experience teaches, can be carried out very successfully, under three conditions ; first, if the medicine selected with all circumspection, was very strikingly homeopathic ; second, if it was administered in the finest dose, best adapted to the life-force ; and third, if such best selected medicine is repeated at commensurate intervals, which by experience are pronounced the most suitable for the utmost possible acceleration of the cure and yet so used that the life-force affected by the similar medicine—disease would not become excited to adverse reaction."

In section 247. "Under these conditions, the finest dose of the best chosen homeopathic medicine can be repeated with the best (often incredible) success, at intervals of fourteen, twelve, ten, eight or seven days and where haste is necessary in chronic cases of diseases approaching acuteness, at still shorter intervals, while in acute diseases in far shorter times, after twenty-four, twelve, eight, four hours ; in the most acute even after one hour, down to every five minutes". We purposely reproduce these sections of the Organon from which our readers will be able to understand where the medicine is to be repeated frequently and where single dose or repeated doses at longer or shorter intervals are necessary. If we read the Organon thoroughly and understand it clearly, there should be no doubt about the repetition of the

homeopathically selected remedies. We entreat our friends and colleagues here not to be guided by mere heresay or imaginary idea about this important question. I cannot refrain from quoting what Dr. B. Fincke of Brooklyn has said in a meeting of the International Hahnemannian Association about this question. Dr. Fincke was a master mind and an acute observer, so his conclusion carries great weight in the minds of the better class of homeopathic physicians throughout the homeopathic world.

"There is no doubt, that the cure with one single dose is the crowning reward of our noble art and that every uncertainty in regard to the truth of the homeopathic law must disappear. I am the last to discourage those who have the nerve to gain their eminent curative effect by patiently waiting for the end of the sickness. At the same time experientia docet and the experiments regarding repetition may allay, in a manner, the anxiety of those who in critical cases ponder on the advisability of repeating without coming to a conclusion. In acute cases the principle of repetition has long been adopted to the benefit of the sick, and in the chronic cases it may be found applicable when a cure with a single dose is impossible".

SOME MEDICINES USED IN OBSTETRIC PRACTICE.

Acidum Aceticum :—Hemorrhage after labor, with coldness, pallor and difficult breathing. Hemorrhage with great thirst, not relieved by drinking. Active or passive hemorrhages. Great weakness, emaciation and anæmia—waxy skin always indicative.

Mental symptoms are important. Fear, anxiety, sadness, irritability.

Other symptoms—delirium and unconsciousness, cold sweat, hissing respiration, burning thirst for large quantities of water, fainting, hot flushes.

In extreme cases of hemorrhage and in chronic cases with anemia and dropsical effusion Acetic acid is an important remedy.

We have succeeded in curing such a case in a young girl, with pregnancy sixth months, accidental hemorrhage, bright red blood without pain and extreme debility, with sighing breathing. An allopathic doctor thought it to be a case of placenta previa and recommended induction of premature labor as soon as possible. I was called in great haste and was also apprehensive of the serious nature of the case, but I was desirous of trying a few homeopathic remedies before we had recourse to such extreme methods. A few doses of Acetic acid checked the hemorrhage and further mischief till delivery in usual times.

Caulophyllum :—Extremely rigid os, severe spasmodic pains without progress. Pains irregular and cause great exhaustion. Spasmodic pains flying from one place to another, nausea and pain in stomach. Profuse flow of water and secretion of mucus from vagina. It is a great remedy for false pains. Very recently I had such a case. A young girl primipara, thin and of nervous temperament, was down with labor pains. The nurse was called and every preparation made for speedy delivery without result for twelve hours. I was called and from the nature of the pains and high position of fœtus above the brim of the pelvis I thought it to be a case of false pains. The pains were of spasmodic nature and not directed towards the uterus but in all directions. I gave her a dose of Pulsat 200 which did not help much. In the afternoon I visited the patient and gave her a few doses of Caulophyllum 3x every 4 hours. After taking two

doses, the pains were relieved and the young lady had a sound sleep for six hours. She remained without pains for five days, after which she had regular pains and easy and natural delivery.

It is a great remedy to check threatened abortion. Pains in the back and loins, want of uterine tonicity, profuse hemorrhage, flabby condition of uterus. In afterpains its power is great. We have noticed that in several cases of multipara.

Cimicifuga Racemosa :—It is a very important remedy in obstetric cases of all kinds. In cases of premature and difficult labor its action is well marked.

False labor pains of all kinds, spasmodic, neuralgic, rheumatic &c. Pain in breast and ovaries. Spasmodic rigidity of os. Prolonged, protracted and very painful labor. Rheumatic pain in nervous excitable women, entire cessation of labor pains.

In cases of abortion pains fly from one side of the abdomen to the other crossways, especially from right to the left. In sub-involution of uterus it is a good remedy. Convulsion with labor pains.

In habitual dystocœa I find it a remarkable remedy. An elderly lady, mother of several children, suffered greatly during labor. On one occasion I gave her *Cimicifuga* 30, once or twice a month during the last three or four months of her gestation and that time she had easy labor. In subsequent labors she took the medicine in the same way and did not suffer any more. It is preparatory to easy labor.

In hemorrhage it is useful. Blood is coagulated and profuse and of dark color. Bearing down or pressing pain in uterine region. In retained placenta it is employed with benefit. In puerperal convulsion *Cimicifuga* is a very efficacious remedy. Here mental excitement and spasmodically contracted rigid os are the causes.

Gossypium darb:—Though a comparatively new remedy, its action on the female generative organ is unique. We have very frequently verified its curative sphere in actual practice.

Lingering, almost painless labor. Uterine contractions feeble and inefficient.

Threatened abortion in weak and debilitated women. Fætus comes away, having the placenta in uterus and os tightly closed causing often hour glass contractions. Retained placenta, especially after premature labor. Placenta firmly adhered to the walls of the uterus, no amount of force seems sufficient to dislodge it (Yingling). I used it in a case of difficult labor where pains were deficient.

Also in a case of suppressed lochia, followed by fever and symptoms of blood poisoning, Gossypium 3x brought on the lochial discharges and stopped the fever. In this case I had a dread that puerperal fever of a bad type with metritis acutus will be the result. I used no disinfecting injections or other allopathic paraphernalia which even our colleagues in homeopathic camp are eager to follow.

I know, it is used by a friend of mine in mother tincture and drop doses to induce easy and quick labor.

There is no doubt that when *indicated* our remedies can do wonders.

News and Notes.

American Institute of Homeopathy—The next meeting of this august society of homeopaths will take place in Denver, Col. June 1913. Chairmen of bureaus have been appointed as follows :—

Homoeopathy—John P. Sutherland, M. D., Boston, Mass.

Clinical Medicine and Pathology—Alden. E. Smith, M. D., Freeport, Ind.

Materia Medica and General Therapeutics—Walter E. Nichols, M. D., Pasadena Cal.

Pedology—Lucy H. Black, M. D., Erie, Pa.

Sanitary Science and Public Health—Scott C. Runnels, M. D., Indianapolis Ind.

Dermatology—Claude A Burrett, M. D, Ann Arbor, Mich.

Calcutta Homeopathic Society—The following office-bearers were elected in the December meeting for the year 1913 :—

A. L. Sircar, L. M. S., F. C. S. ... President.

J. N- Majumdar, M. D.

Barid Baran Mukherjee, L. M. S. } ... Vice-Presidents.

D. N. Banerjee, M. D. ... Secretary.

Rai Mohan Banerjee

Manmātha Nath Ghose } ... Assist. Secretaries.

Dr. P. C. Majumdar went to the hill station of Dehradun where he resided over a month. Here is a Charitable Homeopathic Dispensary founded by Dr. T. C. Mukerjee. Dr. Majumdar gave his services gratis to the poor patients of this dispensary, an hour every morning, during his stay there. It is a very flourishing institution in the North West of India.

Leaving Dehradun Dr. Majumdar visited Saharanpur, Delhi, Muttra, Cawnpur, Lucknow and some other places in the upper provinces. Everywhere he worked like the field secretary of the American Institute of Homeopathy.

The Calcutta Homeopathic Hospital is ready for opening. It will be done in a few days.

There is a very interesting article on Injections and Vaccines in the French homeopathic journal called "L' Homeopathie Francaise."

Baptisia has been tried by our allopathic Brethren in America and found to be of no value as a remedy in any case of disease. This must be very strange to homeopathic

physicians in any part of the world. It is so wonderful a medicine in various sorts of diseases.

Blood pressure in prognosis—It is very difficult to give a definite prognosis from blood pressure alone. We had two cases under our care recently. In one case the patient died and in another he was perfectly cured.

HOMEOPATHIC PRESCRIBING.

By J. T. KENT, M. D.

CASE I.

MRS. S. C., aged 50 ; large, fleshy, English. Has three children.

Deafness worse in right ear, which was steadily increasing ; better when takes cold ; hears better when train, on which she is travelling, is in motion ; does not hear any one knocking at her door. Ringing in head like the bell on a train when she has a cold ; sometimes a popping in right ear ; not startled by any noise.

Dizzy on the street, light headed ; fears she may fall.

Tired much of the time.

Gone feeling in stomach, empty right after eating.

Feels shaky ; stumbles walking across floor ; clumsy.

Goitre right side ; large as two fists ; 15 years since last child was born.

Nose always stuffed ; morning, blows out quantity of green discharge, sometimes a clot of blood with it ; no odour to discharge ; sense of smell not impaired.

Mouth, bad taste morning on waking ; gets very dry any time of day ; better by swallow of water.

Eyes weak all her life, since 12 years of age ; worn glasses 10 years ; sight blurred.

Tired ; tires easily.

Sleep good.

Company tires her very much.

Likes to be out of doors, but likes a warm room and no draught ; takes cold easily.

Food, a mouthful will come up after a meal ; fat causes vomiting ; craves sweets, candy, sugar ; no desire for acids.

Stool normal.

Not nervous about anything. Great talker.

Rx, Lycopodium, 10 m.

Five weeks after the remedy was given she made the following report : "Diarrhœa for 24 hours, many stools ; ears and hearing much improved ; less tired ; works in house with less fatigue, Clear head, and nose easier ; no ringing in ears ; very little belching of food ; no stumbling while walking ; no clumsiness ; much better in every way"

Rx, Sac. Lac.

In nine weeks she reported again : "Goitre much smaller ; hearing improved ; numbness in finger tips of left hand , deafness right ear.

Rx. Lycopodium 10 m.

No report for five months ; been in hospital with typhoid fever. "Hands get numb at night in bed, worse in right hand ; worse keeping still ; knees stiff on rising ; back, stiffness at waist line rising from seat ; belching since she came home from the hospital ; catarrh, discharge streaked with blood ; feels best moving about."

Rx, Lycopodium 50 m.

In a little over three months she reports : "Much improvement ; goitre gone after year's treatment."

CASE II.

Miss A. C., aged 38 ; constipation all her life.

Menstrual period, with pain first 24 hours of flow, worse at night.

Has had cyst removed from right ovary.

Menstrual flow lasts three days ; itching and burning at close of period last a week, no discharge ; flow normal colour, no clots. Pain in right ovarian region when tired ; pain in back of neck in cold weather.

Feels best in cold weather and prefers cold weather ; takes cold from a draught ; hands and feet cold.

Belches much during menstrual period ; loud, explosive.

Likes food well seasoned with salt and pepper.

Restless ; no desire to keep still.

Thirst, normal.

The burning and itching of genitals that follows every menstrual period keeps her awake at night and lasts ten days ; this is better sitting up, so she spends the nights of this period sitting up in a chair. Says she will go crazy if this itching and burning is not stopped soon.

Rx., Natrum muriaticum, 10 m.

In three months stool was entirely normal ; menstrual period with no pain ; no burning and itching ; hands and feet warm.

In six months she had Natrum mur., 10 m., three times, at two months' intervals.

CASE III.

Miss. A. J., age 39.

Menstrual period past six months, very scant flow every four weeks ; flow very dark, shreddy ; lasts two days usually, but only soiled one napkin during each period for past three months.

Leucorrhœa, light yellow.

Heart, region of, pain on stooping or if she hurries ; must lie on right side ; very restless if lies on left side.

Sleep good.

Thirstless ; drinks coffee.

Feet often cold.

Appetite good.

Likes fat, craves salty things.

Cold ; much covering required day and night.

Cries if feelings the least bit hurt.

Rx, Natrum Muriaticum, 10 m.

Reports in five weeks 'that "she feels very well" ; no desire to cry ; no leucorrhœa menstrual period more profuse ; no shreds ; heart, no pain ; thirst for water ; feet less cold ; less restless."

—*The Homeopathic World*

ECHINACEA IN TYPHOID FEVER.

By C. ZBINDEN, M. D., TOLEDO, OHIO.

Referring to the editorial in the September number of the Reporter about Therapeutics in Typhoid fever patients I wish to contribute my share, as I hope, to the advancement of our knowledge. I heartily agree with the writer, when he discourages the practice of "Cleaning out and keeping clean" the intestinal tract. It appears to me that nature, who is keeping up a vigorous defence against the enemy is better able to attend to that than we are with our laxatives. In my practice I do not use them and I think my patients get along better without them. I also have no use for intestinal antiseptics.

Of medicines I have for several years discarded every one except Echinacea. Some years ago I saw in a journal, I think it was the Reporter, a short notice about like this : In typhoid fever don't forget Echinacea. The idea was new to me. In the first case I got after that I administered that remedy as soon as the diagnosis was made. I watched the patient from day to day and as there did not appear any symptom which required another remedy, I continued it to the end.

The disease ran a mild course and in due time ended in recovery. In the next case I employed it again, had the same result, and since that in every case I got. I now believe that it does more good against the toxæmia of that disease than any other medicine. Its beneficial action does not appear very promptly, the temperature may rise during its administration for several days and reach 104 degrees at the end of the first week, but during the second week it gradually descends, and stands at the end of it around 102 : in the third it descends further and often reaches normal during the 24 hours before the end of the week. Grave symptoms did not appear in any of my cases treated with this medicine, prolonged high temperature, delirium, hæmorrhages, dry tongue, diarrhoea, did not occur, and the prostration and emaciation were much less than with other treatment. There occurred an intestinal perforation with fatal result in a case treated with Echinacea by another physician. This

was in the afternoon on the 14th day of the illness, the temperature in the morning was 101. There was no mortality among my patients (37) while there were at the same time many cases in the neighbourhood under other treatment, in which hemorrhages and other grave symptoms occurred and of which a number ended fatally.

There occurred three complications among my cases, one each of pneumonia, nephritis and parotitis (the last one caused by neglect of oral cleanliness), which temporarily required other remedies, but ran a mild course and did not prolong the course of the sickness more than about a week. I believe Echinacea has the power to shorten the course of an ordinary case of Typhoid fever by several days. While the usual time is stated at three weeks, I have often observed the temperature to reach normal on the 19th day, and there were no relapses.

My general management of the patients is conducted along established lines, a daily sponge bath with warm water, cleanliness of the mouth, careful diet, prophylaxis against infection of attendants, etc.

The doses I have prescribed were in the majority of cases twenty drops of the tincture each day, divided into eight doses. In the last case I ordered only eight drops a day, and it ran the same course as the others. I believe smaller doses would do as well.

The point I want to emphasize is this ; begin with the remedy at the beginning of the sickness as soon as the diagnosis is made, and continue it faithfully to the end until the temperature reaches normal. If this is done the grave and dangerous symptoms of the later stages will not appear.

This is my experience. Now I wish others would put the remedy to the test and report results.

— *Cleveland Medical and Surgical Reporter.*

PLANTAGO MAJOR.

[*Eczema caput, Otolgia, Catarrh of nose, Odontalgia, neuralgia mastitis, Erysipelas, Burns, Injuries, Ague, Cholera, Dysentery, Hemorrhoids, Enuresis, Bites of animals, Sexual debility, Spermatorrhæa, Frost-bite, Milk leg, Worms &c.*]

This is an herb that grows plentifully in Europe and America. It belongs to the natural order of Plantaginacæ. It is also called Rib-grass and Way bread. It is also used as food for cage birds. This is comparatively a new remedy and was first proved by Dr F. Humphreys of U. S. This plant grows to a height of one foot to three feet from a fibrous root. The leaves are broad, ovate, smooth and entire. The flowers are white, small, numerous and densely disposed on a cylindrical spike. The tincture is made from the whole plant when coming into flowers. Mention is made of this plant in two such old books as 'Herbal of Dodoens' and "Theatre of Plants," which shows that the plant was utilized for medicinal purposes as early as 1558. They used it mostly for bruises, cuts and injuries as also for toothache and earache. In Switzerland they cure toothache by inserting the green thread-like fibres of its leaves into the ears. It is said that where it cures, the fibres turn black needing renewal of the same process, and where it does not, they remain green.

The fact that has earned for this remedy an infallible and ever-lasting renown, is its efficacy in curing odontalgia and otalgia. The simultaneous existence of toothache and earache and the presence of salivation during an attack of toothache are two very important indications of Plantago and they are never known to have failed. The toothache which is of a boring, digging nature, is aggravated by walking in the cold air and by contact. Sometimes the tooth feels elongated. Very often the pain is in decayed teeth. Dr,

Rentlinger says that he cured about seven-tenth of the cases of odontalgia that came under his treatment with this remedy and that in about 15 minutes. Drs. Humphreys and Hale and Clarke too express similar opinions about its efficacy. I also can remember instances from my own practice where *Plantago* rendered very useful service in toothache.

Plantago is very serviceable again for neuralgia. It may be in teeth, ear, nose and face, but most often in the latter place. The pain which is of an erratic nature shoots into temporal, maxillary, and orbital region. Dr. Clarke recommends the local application of the tincture as also its internal administration. Dr. F. P. Stiles in the Minn. J. Mag. V. 225, cites a few brilliant cures of neuralgia with this remedy. In each of these cases he applied the tincture locally with the most gratifying results.

We think of *Plantago* in nocturnal enuresis of children. I think I will do well to cite the remarks of Dr. E. W. Jones — "It is especially applicable to the nocturnal enuresis of children, particularly when depending on laxity of sphincter vesicæ. In most of these cases the children usually secrete a larger quantity than normal, of a pale, watery urine, and though great pains are taken to have the bladder thoroughly emptied before retiring, yet the pressure on the weak sphincter will cause its escape before morning. It has seemed of no effect when, instead of laxity, there was paralysis of the sphincter.

If we just remember that the urine is very profuse and pale and the incontinence is due to a mere laxity of the sphincter, it will save us from confusion with remedies such as *Belladonna* where the involuntary micturition takes place when the child is deep asleep, generally *after midnight and towards morning* ;

Causticum where we have enuresis from real paralysis or

paralytic weakness of the sphincter, but the distinguishing feature is that the accident takes place in the first part of sleep. The trouble is much aggravated in winter ;

Chloral where the child persistently wets his bed every night even after great precaution being taken, the enuresis taking place towards the last part of the night.

Kreosotum, *Lac caninum*, *Seneg* and *Sepia*, four remedies that are very similar in as much as they all wet the bed while dreaming that they are urinating in a very decent manner and in the proper places. It is a difficult problem to get the child waken out of his sleep. In *Sepia* like *Causticum* the thing takes place during *first sleep*, almost as soon as the child falls asleep.

Plantago is very rich in skin symptoms. The provers had itches and eruptions of various sorts, but the symptom that I deem most important is its tendency to produce *erysepelatos inflammations* in various parts of the body, especially of the *female breast*. Hale relates of a case of erysepelas of the female breast which he cured with the repeated local application of the tincture. He seems to regard *Plantago* far more "satisfactory as allaying and arresting the inflammatory process than *Arnica* or *Hamamelis*."

There is also on record a case of another young lady whose hand and a portion of whose face got red, swollen and erysipelatos. She was given *Plantago* 1st internally and a lotion prepared by adding a teaspoonful of the tincture to a cup of water was applied locally. The relief was prompt and a complete cure resulted within three days.

Plantago is reported to have cured cases of ivy poisoning. The leaves are wilted and applied to the part with immediate relief of the suffering.

Plantago vies with *Calendula* in lacerated and incised wounds and in injuries of various kinds. Its especial indication

is the presence of *much painful swelling and erysipelatous inflammation around the affected part*. Hale cites several cases in his "New Remedies" where *Plantago* wrought wonderful cures. In one case a young man had his finger very badly cut. The thing got much worse during allopathic treatment. He cured it, by the external application of *Plantago* tincture, in a very short while.

The next case was that of a punctured wound in the finger of a lady from a thrust of the fins of a cod fish. Her whole hand was swollen clear up to the shoulder joint and the pain was excessive and agonizing. She applied bruised plantain leaves repeatedly. "In about half an hour after the application, she felt so relieved that she fell asleep and slept probably an hour—the first sleep she had after the accident. In two or three days the finger was well."

VERATRUM ALBUM.

[*Diarrhœa, Cholera, Mania, Constipation, Dysmenorrhœa, Fever, Delirium, Vertigo, Fainting, Headache, Neuralgia of head, Plica polonica, Hemeralopia, Ophthalmia, Epistaxis, Lock-jaw, Risus sardonicus, Typhoid, Toothache, Stammering, Hematemesis, Gastrodynœa, Gastric catarrh, Enlargement of spleen, Hyperæmia of liver, Diaphragmitis, Peritonitis, Colic Intussusception of Bowels, Hemorrhoids, Nymphomania, Metritis, Amenorrhœa, Threatened abortion, Eclampsia, Asthma, Cough, Whooping cough, Bronchitis, Convulsion, Cramps, Pyæmia, Anasarca, Erysipelas, Measles, &c.*]

Veratrum Album, in common talk known as the White Hellebore or European Hellebore, belongs to the natural order of *Liliacæ*. It grows, all throughout the year, in the mountainous parts of central Europe and Siberia. It was first proved by Hahnemann. The tincture is prepared from the roots of this plant, which are first dried and powdered, and then mixed with alcohol. The whole is allowed to remain in a

well-stoppered bottle for a few days and then the tincture is poured off and filtered.

The first victory for the new science of Homeopathy was won, when the people came to believe that it was very useful in all sorts of bowel complaints. For a long time such used to be the belief amongst the people, especially of this country, because of the ready and prompt and certain help that its administration brought. Of all the remedies that helped in gaining for Homeopathy the first foot-hold, *Veratrum Album* stands foremost, as on account of its clear cut symptoms it rarely failed. *Veratrum Album* and such other remedies as *Arsen.*, *Cuprum met.*, *Camph.* etc. have become household remedies in Bengal, a place very often frequented by cholera. There is scarcely a home without some of these remedies.

Veratrum Album is called for, in the advanced stage of cholera. The features of the patient turn *cold, blue and collapsed*; the nose becomes pointed and of laden hue; dark rings make their appearance around the eyes; his hands, face and in fact all his limbs turn icy cold. All symptoms indicative of great prostration and rapid sinking gradually make their appearance. Over the already cold forehead beads of cold perspiration make their appearance. There are great nausea and still greater vomiting of large quantities of watery, blackish, yellowish, bilious substance. Sometimes there is vomiting of ingesta, of dark green or yellow green mucus or sour mucus and bile. He is very very thirsty and he frequently calls for large quantities of very cold, icy cold drinks which merely aggravate his vomiting and thirst. His evacuations too are very profuse and frequent as if draining him through and through. They may be greenish or watery mixed with flakes but the form mostly seen is *rice-water stool*. These stools are accompanied by *colic*, specially around the

umbilicus, sometimes so violent as to give him the sensation that his bowels would be torn open. Colic is a very important feature of the Veratrum cholera and Bell thinks that it is rarely indicated in painless cases.

Some physicians regard Veratrum as a great prophylactic against cholera and advocate its use in the very early stage. We prescribe on symptoms and as soon as we find the symptoms of diarrhœa and vomiting with the cold sweat on the head, we will have ample justification for its use.

Baehr recommends *Aconite* as a great specific for cholera. He says—"We have prescribed from fifteen to twenty drops of the *tincture of Aconite* in six to eight ounces of distilled water, a teaspoonful of the same to be taken every ten, twenty, or thirty minutes according to the intensity of the symptoms. Under its influence, the patient begins to revive, the circulation of the blood returns to the normal condition, the pulse rises, the internal heat ceases, the thirst is allayed, and the vomiting and diarrhœa arrested."

I think it will not be out of place to discuss in this connexion a few remedies that have equally great bearing in the treatment of cholera and to which Veratrum is akin by reason of similarity.

Camphor comes very near to Veratrum alb. Hahnemann recommends its use in the first stage as a preventive. The pale face, the ashy color, the sunken eyes, the cold clammy skin, the wild unconscious look are equally characteristic of this remedy, but the great point to help distinction is the *suddenness of the onset*. The prostration is overwhelming and the collapse is sudden. There is a very violent type of cholera known as cholera secca or the dry cholera to which this remedy becomes homeopathic because of the suddenness of the attack and the great and rapid sinking of strength of the patient.

Arsenicum alb. is another that presents an exactly similar picture, only it adds a further restlessness with constant tossing about, great burning and dyspnœa, horrid thirst with vomiting up of the least bit of water taken and inexpressible anguish. It is very rarely that we find a rice-water stool in this remedy. It is dark or yellowish, scanty and very offensive.

Carbo-veg. is administered in the asphyctic stage where both vomiting and diarrhœa have stopped and yet the patient is sinking. The abdomen is puffed up with flatulence and the patient presents a complete picture of collapse. The icy hand of Death seems to have a very firm grip over him and every minute his life-force seems to be dwindling away. His breathing is fast and labored, his pulse is nearly absent, his voice is gone and he speaks in that suppressed husky tone which sounds like the voice of the grave. The lungs are half collapsed and he needs external air in the shape of fanning but this must be done at a distance, for otherwise it interferes still more with his breathing.

There is a especial variety of cholera where *Carbo-veg* seems very useful, I mean *cholera hemorrhagica* where the red corpuscles pass out with the serum and tinge the stool red.

Cuprum Ars. is a remedy we can scarcely do without in a case of cholera, for almost invariably there comes a stage where the patient is troubled with *dyspnœa*. In that stage it is one of our great friends.

I will talk about just one more remedy and that is *Hydrocyanic Acid*. It is one of our last agents in the treatment of cholera. It is very similar to *Carbo-veg* but differs from it by the violence and rapidity of the onset. It is indicated if the attack at once assumes the highest degree of intensity so that but a few hours intervene between

the commencement of the attack and the moment when death seems to be lurking on the threshold. Carbo-veg may be sufficient if the failing of the strength is less rapid”.

Next I come to the other side of the pendulum—I mean constipation. Veratrum alb. is inferior to no remedy in the treatment of this disease. The constipation under this remedy is very pronounced ; it is a sort of *chronic constipation*. Like Opium and a few other remedies, rectum seems to be *inert* and hence the difficulty in expelling the stools, the first portion of which is large and the latter part consists of thin strings. He has to urge and strain so hard each time that he breaks out with cold sweat on the forehead and he feels quite weak and exhausted.

Alumina is a remedy that presents a similar torpor of the rectum, which is so bad that even a soft stool requires great deal of straining and exertion.

The importance of Veratrum on the mental sphere can hardly be over-looked. We find various shades of mental aberration in this remedy—all sorts of moods from the most lively gaiety to the profoundest melancholy. The form of insanity for which this remedy is especially useful is *mania de grandeur*. He believes himself to be a man of very great importance and enormous wealth and squanders his money. Very often it happens that these people behave themselves so well in other respects that it takes long time for people to find them out.

In women this remedy is sometimes indicated when they turn over-affectionate, before their menstrual nixus. They feel like loving everybody and kiss even the servants. From this affectionate nature she may merge into an amorous and lascivious state. She will talk about indecent things, make impudent gestures and gesticulations. This

may pass on to real vehemence and fitful rage. She will curse and complain, and tear and cut. These phenomena are very often caused by the suppression of catamenia.

In short the patient combines in her person the "wildest vagaries of the religious enthusiast, the amorous frenzies of the nymphomaniac and the execrative passions of the infuriated demon, each of these manifestations struggling for the ascendancy and causing her to writhe and struggle with her mental and physical agonies ; after short anguish the patient passes from this frenzy into one of deepest melancholy, abject despair of salvation, imbecile taciturnity and complete prostration of mind and body".

Now we come to *Veratrum Album* in the treatment of fevers. It is very efficacious in the pernicious varieties accompanied by diarrhoeic symptoms, great prostration and rapid sinking. The time of the paroxysm is generally 6 A. M. The stage of chill is very prominent ; it starts with great severity, with icy coldness of the entire body. In spite of this great chilliness he craves cold and refreshing drinks. Very soon heat succeeds the stage of chill. His face gets congested and his brain becomes confused but gradually even before heat is thoroughly subsided, cold clammy sweat bursts forth over his forehead ; then as the heat declines, his face that was red and congested a while ago, turns pale and woe-begone and haggard.

Elatarium comes very close to *Veratrum Album*. Here as in the latter remedy the fever starts with *cholera-like symptoms*. He is very chilly and he *gapes and stretches* all throughout this stage. With the beginning of the stage of heat, start nausea, vomiting, cutting colic and copious frothy stools. His thirst is very great. This patient is very subject to urticaria which appears with the suppression of the chill and it itches intolerably. The points to mark the difference

between the two remedies are the collapse and the predominance of the cold stage of Veratrum.

As regards the 6 A. M. paroxysm we may compare with Arn, Bov, Fer, Hep and Nux v.

We have epistaxis under this remedy. It comes on during sleep at night but only from the *right* nostril. The other remedies in which we find epistaxis during sleep are *Merc*, *Nit. ac*, *Bry* and *Nux vom*.

In *Mercurius* the blood discharged from the nose is black and it hangs down the nose like black icicles after coagulating, just exactly as we find in *Croc* and *Kali bich*. Of course the glandular swelling, the sore mouth, the profuse saliva, the indented tongue are all very characteristic.

Under *Nit. ac* we find very exhausting hemorrhage of venous blood. The gums are swollen, dark-red and easily bleeding and the patient complains of a splinter-like pain in the nose.

Under *Bryonia* the hemorrhage is mainly *vicarious*. It comes on in place of the menses. It is mostly in the morning after rising from bed, and sometimes during sleep.

Nux. vom is an oft used remedy for epistaxis. It is always worse in the morning and sometimes during sleep. It is preceded or accompanied by frontal headache. The *Nux. vom* temperament is always guiding.

On the female sexual system Veratrum has very important actions. We use it for nymphomania of lying-in woman and for nymphomania before menses. Sometimes we use it for metritis when it is accompanied by vomiting, delirium, anxiety, diarrhoea, cold limbs and cold sweat.

For eclampsia parturientium we are called on to use this remedy. The symptoms are pallor, collapse, anemia or violent cerebral congestion, with bluish bloated face and shrieking and crying. The eyes are turned upward showing

only the whites. The pupils are contracted and she does not recognize those near her.

Veratrum album is a great remedy for cough, especially for the spasmodic variety. My attention to this fact was called almost accidentally. I was treating a lady suffering from puerperal fever. She used to be tortured with a sort of spasmodic cough in the evening that even made her vomit. One evening her mother came to me in great hurry and informed me that her daughter had a very big watery motion and that she was perspiring very profusely after the stool. I gave her *Veratrum*. To my surprise I was told the next morning that her cough had altogether disappeared.

It is one of those remedies which require to be selected in treating epidemic whooping cough which begins with great violence in spring. It almost always helps even in those cases where it does not cure. The symptom is tickling in bronchi that excites paroxysm of deep, hollow ringing cough. At night there is no expectoration but in the day time he hawks up a sort of Yellow, tough, tenaceous mucus of bitter saltish, sour or putrid taste. Sometimes the paroxysms are so violent that the poor child has got to stand up in bed and cry from the severity of his cough.

In cases of œdema of lungs we get quite *arrattling*.

For incarcerated hernia, and for intussusception of bowels we may need *Veratrum album*. There are hiccough, cold sweat, nausea, great anguish, rapid sinking of strength and fainting to indicate it. When we fear gangrene of the hernial tumor, remedies like *Arsen.* and *Lach.* come in. In the former remedy restlessness and anguish are more marked than in the latter. Exceeding sensitiveness of the parts and a dark mottled appearance of the skin over the hernial tumor indicate *Lach.*

(*To be continued.*)

N. M. CHOUDHURI, M. D.

THE INDIAN HOMEOPATHIC REVIEW.

A Monthly Journal of Homeopathy and
Collateral Sciences.

The knowledge of disease, the knowledge of remedies and the
knowledge of their employment constitute medicine.

—HAHNEMANN.

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HOMEOPATHY OF INDIA IN DANGER.

In the November number of the Medical Century Dr. D. S. Kaistha wrote a very sensible article on the danger of Homeopathy in India. In this he says—there are dangers from laymen practising Homeopathy, Bogus M. D. degree and the homeopathic schools and colleges started and in existence for sometime in Calcutta. In his opinion these laymen should be interdicted to practise, the bogus degree should be stopped and these schools and colleges should be abolished. He did not mention how these are to be achieved. Dr. Kaistha is an enthusiastic young homeopath in India and I admire his earnestness for the cause of better homeopathy in India. He seems to be ignorant of the early history of homeopathy in this country and through the medium of this journal I give him some informations how these things came into existence and how they were useful in the propagation of homeopathy in a country like India.

(1) The laymen homeopaths :—In the early days of the last century some civil and military officers of our Government brought the seed of homeopathy from the west. A rich citizen of Calcutta got and planted the seed in the rich soil of India. He was a layman but had a good deal of energy. He employed his money, intellect and influence in the cause of homeopathy. He practised this system of medicine himself free of charge and thus the name of homeopathy was heard among our people. He induced a few allopathic graduates of the Calcutta Medical College to take up this system of medicine but at first failed. But he continued practising and curing most inveterate cases given up by the allopathic doctors. In this way the effect of homeopathic medicine was recognised by our people. The demand was created, but there was no adequate supply. Some intelligent persons took to this system and practised with success. Of course that gentleman subsequently converted some duly qualified allopaths whose influence tended greatly to advance our cause. Their number was infinitesimal and many laymen commenced practising and spreading homeopathy far and wide in this vast country.

I do not mean that this should last for ever and only laymen should practise. I only wish to show how laymen came into existence and how they were instrumental in spreading homeopathy in Bengal. At that stage they were the legitimate outgrowths of the demand for homeopathy.

Another fact is lost sight of by our young friend Dr. Kaistha. India is not England or America. Here the people are generally very poor. They cannot afford to pay heavily for their doctors. These laymen did a great deal in helping the people in their distress and are still doing. If you do away with this useful class, what will be the fate of these poor people ? I do not encourage them at the cost of the qualified

doctors. But I ask how many are there in India, even among the allopaths who belong to the dominant school and are supported by Government, who are duly qualified doctors? There are not even half a dozen of allopathic Government colleges in the whole of India and the number of graduates is, in comparison with the population, like a drop of water in the ocean. Thus the laymen are still required and their usefulness in practice is still very great. Dr. Kaistha himself said—in the whole of Punjab he is the only qualified doctor and so I consider his influence in propagating our system is almost nil. He is settled now in Simla, the summer capital of India. The name of homeopathy was known there by the influence of a layman long before the doctor. I knew an Indian military officer who practised homeopathy there and was very successful. Sometimes rich people and high officials sought his help in cases of allopathic failure.

Another fact I must acknowledge that these lay practitioners, at least some of them, of course have been practising true homeopathy and they were very enthusiastic in studying their cases thoroughly and achieving more success than many of our duly qualified doctors. These lay practitioners have many drawbacks no doubt; they are not regularly taught in those branches of medicine which are absolutely necessary for practising our art properly. But their influence in the propagation of homeopathy and securing help for many helpless poor is unique and at this stage of our progress we cannot do away with them without much harm and detriment to the cause of the new system of medicine.

(2) **Bogus Degree** :—It is of foreign origin and is beyond our control. Dr. Kaistha did well to invoke the aid of the American Medical Association and the American Institute of Homeopathy, the two premier societies of America. I quite agree with him here.

(3) The Homeopathic schools and colleges in Calcutta. — Here I ask Dr. Kaistha to know that in courts of justice the lawyers and judges consider and decide every case in twofold ways. First on the point of law and secondly on the point of facts. In point of law, what he says about the institutions is perfectly true, but there is another point which is based upon facts and I believe Dr. Kaistha is ignorant about it. I give below a few facts which prove the necessity of these institutions for our good. I know these require thorough change in making them useful. But there are drawbacks. It requires a good output of money to have a well equipped college and where is the money to come from. In this country no patronage is given to private enterprise. When Government is at the back, rich people will supply big funds. I have just now said that India is a poor country; here you will find few doctors in villages or even in small towns. In many places there is not a single doctor to be had. In my ancestral place which is about one hundred miles from Calcutta, I remember of an instance. A cousin of mine had an attack of cholera. The doctor lived about three miles from our place and he was the only doctor for four or five neighbouring villages. When we sent for him, he went to another place and he could not be had till 4 P. M. We sent the messenger about 8 A. M. and look what a disappointment! By the time the doctor arrived, the patient would have been to the other world. However fortunately for my cousin I gave him a few doses of Camphor which did its work splendidly. The doctor arrived when the patient was almost convalescent. This happened when I was a young boy studying in the Grammar school. This occurrence indeed was an incentive in my early life to study medicine and be useful to the people.

In order to supply this urgent requirement for doctors

we established the Calcutta School of Homeopathy in the year 1883, and it is doing immense good to the people outside Calcutta. This school has everything in small scale, viz a chemical laboratory, a pathological museum and dissection arrangement with some allopathic institution. This latter arrangement we have been obliged to adopt. Dr. Kuistha probably does not know the reason. In years gone by I consulted the Chief Secretary to the Government of Bengal to allow us to make dissection arrangements in our school. He was a very kind-hearted gentleman. He consulted the chief medical authority of our Government to allow us this concession. But the chief medical authority denied the favor on the ground that Homeopathy was not a scientific system of medicine, so it should not be patronized. To make these institutions useful let all the homeopathic physicians and surgeons combine and do what is needed. Dr. Kuistha knows very well that this defect in our national life is the chief cause of our abject condition. I always compare our country's cause to a once rich man who has a large house in a delapidated condition. That man has not got sufficient resources at his disposal to break down the building and build a new one in its place. What he requires to do is to repair it in the dangerous places and live in it. Without the aid of our Government we cannot establish thorough going Medical Colleges, but still we want something. Dr. Kaistha knows full well that our Indian Government would not do anything of the kind for Homeopathy. There is no danger of Indian Homeopathy from laymen and from badly constituted homeopathic schools and colleges but it lies elsewhere.

I am sorry to confess that real danger lies deeply into our own self. If we are true homeopaths and if we apply ourselves diligently to study our cases and cure them, all danger will disappear in no time. In this respect, our duly qualified

doctors are more to blame. They are sadly wanting in power of organization. We have our Calcutta Homeopathic Society where I see lay practitioners and those passed out of our schools taking more interest than big diploma holders. I do not mean to say this, with regard every one of them, because there are honorable exceptions. Dr. Richard Hughes who was a great organiser and an indefatigable worker in the cause of advancement of our system of medicine, told me when I met him in London—"Dr. Majumdar, go on teaching pupils in your school and giving them diplomas and certificates and when you will get sufficient number of them in all the parts of your vast country, the Government will be obliged to recognise you". I am very glad that Dr. Kaistha is an earnest man and I hope he will be a useful member for, the cause of Homeopathy in our motherland.

P. C. M.

PAIN.

A. B. SCHNEIDER, M. D., CLEVELAND, OHIO.

Pain is one of the most important as well as one of the most confusing symptoms in the diagnostic field. There is scarcely a disease that does not present pain as a more or less prominent symptom during some part of its course. That so prominent a symptom is often subject to misinterpretation, and very frequently the subject of misrepresentation is evident, for it is a difficult matter to determine positively whether a subject is actually suffering pain, although the dilated pupil and abnormal blood pressure in acute pain and the nutritive disturbances and loss of weight in continued pain are material evidences of severe suffering which the ordinary malingerer cannot command.

It cannot be held that pain that is modified by suggestion or diversion is purely psychical, although pain that entirely disappears under such condition is evidently without organic foundation. On

the other hand the definite manner in which the purely involuntary functions are influenced by mental disturbances shows how easily affection of such organs can be aggravated by emotional causes. It is very important to carefully consider all manifestations of pain before risking a mistaken diagnosis of hysteria or malingering. The well known aggravation of all pains and discomforts at night should not be permitted to cloud the significance of this symptom in the history of specific disease.

For the correct interpretation of pain as a symptom some knowledge of the physiology of the nervous system is necessary. We must have in mind not only the central sensory apparatus and the spinal cord with its afferent and efferent nerves, but also that very important and all pervading sympathetic system, with its ganglia communicating with the spinal cord and giving origin throughout its trunk nerves to the great cardiac, solar and pelvic plexuses, which with their subdivisions preside over the activities of the internal organs. So long as pain is confined to the sympathetic nerves, it is described as heavy, dull, burning, pricking in character. As soon as it is transferred to the somatic sensory nerves it is greatly intensified and more rapidly projected and becomes shooting, tearing, stabbing, gnawing, boring in character. This stimulus from the internal organs is conducted to the cord subconsciously, and here transferred to fibres going to related portions of the body where sensation is highly developed, and is referred in consciousness to this transferred rather than to its true origin. Thus we have the various painful surface areas representing visceral irritation. In nervous individuals this pain frequently extends to remote regions, and in all cases the extent of radiation seems to be in direct relation with the severity of the pain.

An interesting contribution to the pathology of pain is the theory of vascular spasm in explanation of the painful crises in cases presenting arterio-sclerosis or high blood pressure as prominent symptoms during life, but no definite organic post-mortem lesions. It seems plausible that conditions similar to the intermittent spasm of the vessels of the legs should be present in, and give rise to

intermittent disturbances of similar character in the cardiac and splanchnic areas.

In the diagnostic consideration of pain the point of attack is important and usually corresponds to the point of greatest tenderness on pressure. This is undoubtedly a valuable guide to the point of origin of the pain.

Motion may influence pain directly by friction of inflamed or tender surfaces, or indirectly through distention and congestion from the increased blood supply which motion entails. Posture influences pain in various ways. The mobility of the viscera makes sagging and painful traction, or uncomfortable pressure the result of increased size and weight of the organs. The weight of the body itself may aggravate or relieve pain, depending on whether it respectively exerts pressure or inhibits motion. In the matter of pressure aggravations it is important to note that a certain degree of tenderness is part of the defensive mechanism of Nature, and that tenderness on pressure is a sign of variable value, depending on the susceptibility of the subject and the force employed. It is also well to consider the effect of pressure distension from within, both from natural and artificially developed causes; the time and character of food aggravation; and the amenability of the symptoms to therapeutic measures.

—*Cleveland Medical and Surgical Reporter.*

STRONTIANA CARBONICA.

It is a much neglected remedy in homeopathic practice. When well indicated its power of curing diseases is unique. It is a thoroughly proved drug by various persons, among whom some of our eminent physicians are to be reckoned.

It is a chilly remedy, all the conditions are aggravated by cold and ameliorated by warmth and wrapping up. Like Sulphur and Lachesis flushing of face and passive congestions of various organs, heart, lungs and head, are prominent

symptoms. Thus it is useful in nervous disorders of many organs and parts of the body.

It is used in cases of angina pectoris where stitches in the region of the heart and dull intermittent pressure in precordial region are found. It has a tension and constriction in chest.

Dry hacking cough in the evening from irritation in larynx and trachea. Here it resembles Rumex. In many bone affections its curative power is great. Bone affections of scrofulous children affected with diarrhoea. In caries and necrosis of long bones, such as femur and tibia it is useful. If these bone diseases are due to syphilis and scrofula, even then it is applicable.

Emaciation is also amenable to the influence of Strontiana. Upon the digestive organs strontiana plays an important part in their various ailments. Violent and long continued hiccup causes pain in the chest. Empty eructations, severe pressure in the stomach after eating. This is found in chronic gastritis. Colic with flatulent distention of abdomen, diarrhoea and chilliness.

Yellow watery diarrhoea resembling that of Croton. Diarrhoea aggravated at night but ameliorated towards the morning at 3 or 4 A. M.

Stools expelled with great force and pain in the anus afterwards.

We have used it with success in cases of female sexual disorders.

Menses too early, and of too short a duration. Retarded menses. Blood serums like washings of meat with fishy odour. Later on clots of blood are found. Leucorrhoea after menses; aggravated when walking. A young woman, thin and emaciated, came under our treatment for leucorrhoea and disordered menstrual flow. She was anemic-looking, with no

appetite, dyspeptic diarrhoea and constipation alternately and much flatulence. Menstrual flow was like washings of meat or fishbrine. Copious leucorrhoea followed. Failing with Bovista and Lycopod, I gave her Strontiana carbo 6, twice daily, which cured her permanently.

P.

Clinical Cases.

P. C. MAJUMDAR, M. D.

I.

Biliary colic. Argent nitric—A robust man, aged about 40, had frequent attacks of colic about 5 years ago. He had been treated by many doctors both allopathic and homeopathic with only temporary relief. I was telephoned to attend on him at once as the suffering was intense. The following symptoms were observed :—

Lying on his back with tense and distended abdomen, severe pain, patient restless, changed position often to get relief.

On palpation, abdomen was found tympanitic—full of gas, stomach distended. Liver painful to touch, edges were slightly enlarged and tender to touch.

Eruclation imperfect, when attempts were made to belch, it stuck in the esophagus.

Aversion to all kinds of food, except sweet things. Considerable thirst.

Passing of wind down would give him relief but it was seldom passed.

Did not like to take his food as that caused more distress.

Vomiting of bile and acid.

Bowels were at first constipated, and then followed by diarrhoea of green mucus tinged with blood.

Pain sometimes extends to the chest causing distress in breathing, almost intense dyspnoea.

Argent nit. cm., one dose dry on the tongue, followed by placebo every 3 hours.

Relieved at once. One more dose of Argent nit. cm. was necessary and the patient has been well for a year and a half.

II.

Diarrhœa. Nux mosch—An elderly lady came under my treatment for diarrhœa in October 1903. She was stout and tall, enjoying good health. Ever since the birth of her last child a year ago she had been suffering off and on from diarrhœa which reduced her very much.

Temperament mild and tearful. Our Indian physicians—Kabi-rages—called it sutika or puerperal diarrhœa and it is very hard to cure this trouble by their medicines.

Stomach was always distended with gas, which made her weak and depressed in mind. She was lethargic and inclined to sleepiness.

The appetite was sharp. She could eat more even if the stomach was full. Passed offensive flatus. Hurried to stools even before she finished her meals.

Stools yellow, watery and accompanied by escape of good deal of noisy flatus. No colic.

After stool she was exhausted and drowsy. More stools towards the morning.

I gave her Natrum sulph 30 and 200 without much relief. Only the flatulence was somewhat less but stools remained the same.

Nux mosch 200 one dose early morning one day and the effect was marvellous. Next day she had only one stool which was semi-solid in nature. Placebo one dose morning and evening for four days completed the cure.

III.

A thin dirty-looking young man came to my dispensary, with bubo in the right groin, discharging thin watery and sanious pus.

Had syphilitic sores on penis which were cured by applying some patent medicine. Some red eruptions were seen on the various parts

of the body. There was itching which was aggravated by scratching. There was nightly irritation in the bubo disturbing sleep. He had gonorrhœa which was suppressed by astringent lotions. Burning in making water when heated. Turbid urine passed.

Thuja and Merc. sol were tried by another homeopathic physician.

I gave him Cinnaberis 200 one dose, for four days and then stopped.

He was cured in three weeks.

WHAT IS A QUACK ?

A quack is a pretentious, futile, and insincere person, whose professions express no genuine convictions and whose performance bears no sort of relation to his promises. In one word, he is a sham. There are many varieties of him, but the generic description may suffice. It was in this sense that Carlyle used the word in his picturesque adjuration—"O my brother, be not thou a Quack. Die rather, if thou wilt take counsel." The word is used with many shades of meaning, but behind them all is the original implication that the person so designated is a sham ; and in intercourse with his fellow men the sham always tends to become a fraud. Thus it sometimes happens that the word is used abusively without much thought of its proper significance, and if its use has been public and formal the user may discover through unpleasant experience with how much meaning it may be charged. Quacks are found in all walks of life, but there are many other ways of describing them with sufficient clearness for all practical purposes. Thus the employment of the word "quack" has come to be in the main confined to the medical profession, which uses it so freely that many people have learned to regard its use elsewhere as figurative. The medical use insensibly dominates the popular use, and, as

most people are as much the slaves as the masters of words, their conceptions no less than their language are subtly influenced. This might not matter very much if the medical use of the word were precise, consistent, and according with right reason. But this is not the case. On the contrary, the word is indiscriminately used to denote things which are quite different, and inconsistently used to distinguish things fundamentally alike. So great is the resulting confusion that a quack in medical parlance can only be defined as a person who trespasses upon a domain which the medical profession claims as its own, or who, being rightfully within that domain, acts in a manner disapproved by the majority dominant at the moment.

☞ A layman who thinks he has discovered virtue in a drug or a process not recognised by the profession is a quack if he administers the one or practises the other. But a doctor who receives an unknown preparation from a German laboratory may and does administer it to his patients without reproach. What is the essential difference from a public standpoint ? The layman may have found a medicine immemorially used by some savage tribe, and so may have some empirical experience behind his claim, which is more than can be said in the other case. He is a quack because he has trespassed on the domain. Then a man may go through all the appointed course of study, take medical degrees, and come forth hall-marked and vouched for. But if he should presume to prescribe his drugs upon a principle not accepted by others with no better credentials, he too comes under the ban. If he says that likes may be cured by likes, instead of opposites by opposites, he is a homeopathist and the most hated of quacks. Yet the very people who condemn him are averting smallpox by means of something as like smallpox as may be, and are injecting infinitesimal doses of deadly poisons to

cure the diseases they produce. If a layman successfully reduces painful and disabling dislocations which have baffled orthodox surgeons of eminence and repute, he is a quack. If a qualified doctor is open-minded enough to assist that layman, and patients whom no regular surgeon has been able to relieve, by administering anæsthetics, that doctor is declared guilty of infamous conduct, and his name is expunged from the medical register, so that he may starve as a quack deserves. How are these cases to be covered by any other medical definition of a quack than the one given above ? The Homœopathic Hospital is open to inspection, and is as successful in its treatment of cases as any in London. It would be utterly ridiculous to pretend to doubt that Mr. Barker has effected perfect cures where regular surgeons have failed. Even the adventurous layman with his new drugs can hardly fail more lamentably than the regular practitioner frequently does. These people do not fall under the general definition of a quack with which we started, and which carries a moral stigma. They are only quacks according to an artificial and not very intelligible definition, which when examined carries no imputation of moral depravity.

Where does the public interest lie in this matter ? Never on the side of the quack in the proper sense ; that is to say, the man who pretends to do what he cannot do. But it may lie very distinctly on the side of a man who can really do good, although he is condemned by the rules of the profession. If a hospital carried on upon principles repugnant to the dominant majority of the profession does, upon the average, work as good as that of other hospitals, it is not in the public interest that those who do its work should be condemned as quacks. If a layman can reduce dislocations which regular surgeons have failed to reduce, it is to the interest of the public that he should be encouraged, and it is a

deplorable thing that he should be hampered by attempts to deprive him of a needful auxiliary. If any layman can contribute anything to the relief of human suffering, it is in the public interest that he should do so, and that his efforts should be judged not by a test of special severity but by the standard of average success, which is all that the regular practitioner can attain. The safeguards with which the Legislature has hedged round the profession are not meant for its protection, but for the protection of the public. The Legislature does what it can to see that doctors have gone through a course of study to fit them to practise. But, as medicine is an art, based upon science, like the art of sculpture, the Legislature cannot go very far ; and its efforts to exclude ineptitude must not be perverted for the exclusion of ability. The professional hall-mark is no guarantee of real proficiency in the art, as doctors know very well. When a lady publicly announced that she owed to Mr. Barker the cure of a knee which various surgeons had failed for years to relieve, the answer was that she must have been very unfortunate in her choice of advisers. How could she have been unfortunate in her choice of hall-marked practitioners if the hall-mark guaranteed proficiency ? The medical profession would gain by frankly recognizing that it does not, by showing greater toleration all round, and by keeping to a definition of quackery more consonant with natural distinctions and less dependent upon artificial ones than that now in vogue.—*The Times*, November 7, 1912.

LATEST ABOUT MALARIA.

WHAT SIR P. LUKIS THINKS.

Quinine and Parasite.

Madras, November 18th, 1912.

The third meeting of the General Malaria Committee was held to-day with the Hon'ble Surgeon-General Sir Pardey Lukis, Director-General, Indian Medical Service, in the presidential chair who in opening the proceedings said :—I am pleased to be able to report that during the last twelve months satisfactory progress has been made towards the unification of the aim in our anti-malarial policy and the training of practical workers, upon which I laid such stress in my speech at Bombay last November. One of the most important duties of the Scientific Advisory Board after allotting money for these stegomyia surveys was to advise Government as regards the distribution of the sum of five lakhs which has been placed at the disposal of the Reasearch Fund for anti-malarial purposes. Under this head come the grant-in-aid of Rs. 50,000 to Bombay for carrying out anti-malarial operations proposed by Dr. Bentley in Bombay city and the sum of Rs. 180,000 for the United Provinces for anti-malarial measures in Hasaranpur, Nagina and Kosi, where careful malarial surveys have shown that the mitigation of malaria in these towns is perfectly feasible at no prohibitive cost.

Use of Quinine.

After referring to the provision of pure water supply Surgeon-General Lukis continued :—"And now I wish to say a few words with reference to the use of quinine. During the past twelve months quinine prophylaxis has been subjected to severe criticism by many observers who have pointed out that even when persons are taking large doses more than 25 per cent of them show malarial parasites in their peripheral blood. It has been suggested in certain quarters that in India this is due to the fact that Government quinine is inferior to that supplied by European firms, either as a result of defective manufacture or deterioration from storage in a hot climate,

This suggestion which is without foundation in fact it is my duty to refute. In 1910 our white quinine both of Bengal and Madras manufacture was subjected to independent analysis in Amsterdam and it was proved to be in every respect of the same chemical composition and purity as the best English quinine. The other suggestion was that quinine had undergone certain molecular changes resulting in the production of inert quineretine. The Government Quinologist, whom I consulted on this point, tells me that solid quinine sulphate is not changed at all by any temperature short of that of boiling water and that the most intense light only alters it superficially. It is not known to be affected by the damp atmosphere and it is only dehydrated in a dry one.

Black Water Fever.

From the subject of quinine we naturally pass on to that of the black water fever. As you are aware there are three hypotheses as to the etiology of the disease, that it is the result of quinine poisoning, that it is either a manifestation of active malarial infection or the result of conditions brought about by previous infection, that it is due to some undiscovered specific organism. Notwithstanding the fact that the last mentioned theory is discredited by those who have studied the disease in India and in the canal zone, we must not forget that it is not so severe. Very long ago Kala-zar was regarded as a manifestation of merely intense malaria.

Major E. E. L. Perry, I. M. S., delivered an interesting address on "Malaria in the Jeypore Agency Tracts, Madras" illustrating it by numerous plans and sketches of the tract of the country.

Dr. C. A. Bently presented a paper on some problems and the new conception regarding malaria. A short discussion of a technical character followed. Major J. D. Graham, I. M. S., read a paper on "Mosquitos of the United Provinces." This was followed by a paper on the breeding of mosquitos by Rai Kailas Chandra Bose Bahadur.

The Conference adjourned till tomorrow.

*
** Sir Pardey Lukis gives a very satisfactory account of the

progress of malarial treatment both medicinal and prophylactic but it is rather amusing to note that many doctors are blaming the quality of the Quinine produced in this country, as well as elsewhere, whereas in reality they should blame Quinine treatment itself, for Quinine is not, nor it ever was, the panacea for all cases of malaria.

—*Editor, I. H. R.*

PLEURISY.

Inflammation of pleura is a very painful disease. It may be caused by sudden exposure to cold or by any kind of injury to this part.

It may end either in resolution or in accumulation of serous or purulent matter in its cavity. Sometimes it remains in chronic or plastic form.

It often appears with chill and fever and is followed by more or less pain in the chest. Pain is sometimes very severe and is aggravated by movement or deep breathing, coughing or any effort of the chest.

Cough is another symptom. It may be dry or attended with scanty expectoration.

On examining the chest with a stethoscope the first indication is dry sound in the affected area. Percussion gives no indication of any kind in this stage. By auscultation we find grating or rubbing sound. When effusion takes place, dull sound is heard on percussion and no sound on auscultation.

If a considerable quantity of fluid accumulates, the chest becomes flattened.

Treatment—The patient must be placed in perfect rest in bed ; should not be exposed to chill, chilly wind and cold water. Better to cover the chest with cotton and bandage. All nourishing food should be avoided ; barley water or toast water will only be given.

In the first place, a few doses of *Aconite* is sufficient to cure the patient. Its indications are severe chill and fever, fixed pain, stitching or cutting, great thirst, hurried respiration, restlessness and fear of death. When perspiration takes place, the medicine must be stopped.

Bryonia is a grand remedy in cases of pleurisy. From the very beginning upto an advanced stage it may be given with benefit.

Indications—Stitching pain in the chest on slight movement, inspiration even gives great pain. Dry, hacking cough, pain being increased by it, so the patient presses his hands on the chest during cough, fever moderate but persistent, thirst for large quantity of water at long intervals.

Very closely analogous to *Bryonia* is *Asclepias Tuberosa*. It has the same kind of pain and same indications* but its fever is not very high and the expectoration is more free; sometimes pleurisy without fever, chronic pleurisy in tuberculous patient.

Ranunculus Bulb—It is another very important medicine in pleurisy. Acute stabbing pain with effusion of serum, difficulty in breathing and great distress. It is a useful remedy in pleuritic adhesion. The patient often takes deep breath.

Senega—Dyspnœa, tight feeling in chest, dry hacking cough with scanty expectoration, pain in the chest, even talking is painful.

It has the power of absorbing serous effusion.

Sulphur is our great help in advanced cases of pleurisy. It is also useful in psoric patients and when well selected medicines fail to act.

Sharp stitching pain in chest, shortness of breathing. Plastic exudation left behind after pleurisy is cured. This is a very important condition When the disease is badly.

treated or large doses of medicine are given by the allopathic doctors, the disease is half cured, and some remnant of exudation left, Sulphur is our only help.

I had a very bad case in hand long ago, where failing with well indicated medicines, I gave a dose of sulphur 1 m, and everything disappeared as if by charm.

Lilienthal says—"In neglected cases, or where disease developed itself in cachectic constitutions, study *Ars*, *Ars* Iod, Calc, Camphor, Cantharis, Carbo veg, China, Ferrum, Hepar, Iodium, Lachesis, Lycopod, Sang, Senega, Sepia, Silica and others. For pleuritic exudation,—*Apis*, *Ars*, *Digit* when serous ; *Alumina*, *Bryon*, *Hepar*, *Sulphur* when plastic."

In my experience in all such cases Sulphur is the prime remedy. Among others Lachesis, Lycopod and Kali iod have prominent place. Tuberculinum is very useful in neglected pleurisy with tubercular indications.

HIGH POTENCY CURES.

P. C. MAJUMDAR, M. D.

I.

A youngman of 25 had been suffering from intermittent fever off and on for a year and a half, drugged with quinine and other allopathic stuffs. He came under my care on the 13th. of October, 1910. with the following symptoms. The patient was greatly emaciated and was very irritable.

Fever generally came on in the morning about 3. A. M.

There was no chill or coldness of the extremities. Burning fever lasted about four hours. Burning of hands and feet. Burning thirst quenched by small quantity of water at long intervals. Flushes of heat in the face. Profuse sweat with perfect intermission.

Bowels constipated, tongue coated. Great hunger and burning in stomach in the morning.

Sulphur cm. one dose.

Very slight fever the next morning.

Placebo.

No more paroxysms.

II.

An elderly lady suffered from dysenteric diarrhoea and was greatly reduced in body, so much so that she was unable to move about.

Appetite, but great disgust for food.

Great pain in stool. About fifteen to twenty stools during the day. Aggravation towards the morning. Stools consisted of yellow fecal matter mixed with mucus and blood.

Distension of abdomen and gurgling in abdomen.

Straining before and after stool.

She took much allopathic and kaviraji medicines.

Nux vom. 30 two doses a day. No effect in three days. Aloes 200 one dose cured the case.

III.

A young European lady had constipation for over ten years. She was nervous and irritable, and addicted to eating excessive meat which was her principal food and which she used to take three times daily.

Stools hard and knotty, slightly yellow or clay-like in color.

Great straining which caused perspiration to break out. The strength of the sphincter was greatly reduced.

No desire for stools for days together. Passed stools every 3rd. or 4th. day.

Alumina 1m, early morning one day.

Had stools every day after this and they were not very hard. Placebo twice daily.

This cured the case in a fortnight.

Meat stopped. Plenty of fruits and vegetables allowed.

IV.

A middle aged gentleman of plethoric constitution had œdema of thigh, leg and lower part of the abdomen for sometime. He came under my treatment in July 1911.

Heart weak, dyspnea on slight exertion, urine scanty and high-colored. Analysis showed albumen about $\frac{1}{4}$, specific gravity 1004. Excess of phosphates, uria normal.

Good appetite but slight dyspepsia, flatulence and constipation. No fever.

Bronchitic rales in both chests. Cough preventing sleep at night.

Bryonia 200 one dose every morning for three days. Swelling reduced and urine somewhat more. Placebo in the same way.

Continued better for two weeks ; suddenly from indiscretion in food he was worse. Swelling gone up to upper abdomen, great distress of abdomen during sleep and in bed. Urine became scanty and loaded with urates. Much flatulence and thin scanty stools.

Lycopod 200 one dose dry on the tongue.

Much better in every respect. S. L.

Improving fast, going about, no distress in heart or abdomen for two weeks, after that improvement stopped.

Lycopod. cm. one dose dry on the tongue followed by S. L. cured him thoroughly.



News and Notes.

Primary Heart Failure in normal subjects under ether.
—Death of ether patients from cardiac failure is nearly always due to faulty methods of anesthesia, not at the time of death, or five minutes before, but from one half to three quarters of an hour earlier. It is especially light, incomplete and intermittent etherisation which induces proneness to sudden death. This was proved by laboratory experiments on animals and by observation of fatalities in human beings. This may explain some of the sudden deaths by adenoid operations where the anesthesia is incomplete and intermittent. Any prolonged light anesthesia, with stages of excitement on the part of the patient involves great danger of sudden cardiac failure.—*Journal Amn Ins of Homeopathy.*

Phthisis.—Medorrhium case.—During a manœuvre in the army in 1885, Dr. V. got wet by a heavy rain coming into the tent during a whole night. From this he got a hacking cough, on rising in the morning and in open air. It sounded as if he would call some one, and people would turn and look at him with angry eyes. His throat was thoroughly examined by a specialist, but nothing was found. In 1901 after nineteen years of coughing, he consulted Dr. Ide, one of the greatest homeopathic physicians. He ordered the doctor to take Medorrhinum one dose and await the result. On reaching home he took the dose and next morning had no cough, nor did he cough afterwards even in the open air. As an officer he had gonorrhœa, which he could not get rid of. From this he always had an unpleasant feeling and burning pain. All this vanished as if by charm.—H. C. Allen, M. D.

Mr. B. took cold in consequence of which he was taken with vomiting and diarrhœa and violent and cutting pains in the bowels. Dulcamara 200 soon relieved him.—Hoyne.

Oxalic Acid—Pain in the upper part of the abdomen and the region of the navel, coming on two hours after eating, with much

flatulence and bitter and acid eructation, worse at night ; patient is roused about 3 A. M. Also burning sensation from throat down. Sixth trituration to be given an hour after meals.

Platina—Objects look smaller than they are, eyes feel cold, twitching of lids, cramplike pain in orbits,

Viscum album—Double vision, blue rings around the eyes.

Ratanhia—Urging sensation in the small of the back as if there would be a stool ; most obstinate constipation. Intense heat, with frequent and ineffectual urging to evacuate bowels and bladder. Stools hard. Dark, inflamed, oozing fissure of the anus.

The Last monthly meeting of Calcutta Homeopathic Society was a great success.

A woman was laboring under difficult labor pains for two days and nights. By taking 4 doses of Aconit and afterwards Belladonna 2x she was relieved and gave birth to a female child.

A woman was in the habit of vomiting whatever she ate since few months. By administering a few doses of Ipecac she was cured of the disease.

CHROMICO-KALI-SULPHURICUM (OR KALI SULPHO. CHROMATE) IN AFFECTIONS OF THE NASAL PASSAGES AND IN HAY FEVER.

By Dr. MERCH, Brussels *

CHROMICO-KALI-SULPHURICUM (or chromic alum) is a dark violet substance, very soluble in water and crystalizing

* Presented to the International Homeopathic Congress, 1911.
(Translated by Dr. Speirs-Alexander).

In large crystals, like bichromate of potash. I have not seen it noticed in any work on materia medica, nor even in medical literature. Its chemical composition, and the circumstance that the nasal mucosa is very sensitive to its action, decided me to experiment first on the healthy subject, and afterwards to apply it in disease.

In various cases of nasal affection, the first, second and third decimal triturations effected a temporary cure, notably in hay fever, the patients having been able to combat successfully the periodic attacks, by means of few doses at the outset.

I now present those which it has been given to me to treat more recently, among which will be seen cases of hay fever, and others of chronic affections of the nasal passages.

August 10, 1910: J. L., a girl, aged 12, had been troubled for some time with hay fever, which showed itself by sneezing, tickling in the nostrils and irritation of the conjunctivæ, but only on going to the country, or on sitting on the lawn in her garden (even in town). I prescribed chrom. kali sulph. at first in the second decimal trituration, a powder every two hours, and if no improvement should follow, in the first decimal, three powders per day. The second day, after having taken the stronger dose she experienced a great improvement; after three or four days of treatment, the cure was complete, at least for the season; and now on May 12, 1911, Mine. L. only sends her daughter to me because she fears a recurrence. At present, however, there are no symptoms of this.

A very instructive fact occurred with this case. Having overlooked the number of doses I gave last year, I prescribed three powders per day of the 1x trituration, in order to prevent the new attack of hay fever that was feared, but this same trituration in less doses did not suffice. I then

prescribed six powders of 30 cg. per day 1x (the same as last year), equal to 18 cg. of crude substance. But even that dose had no permanent effect this time. As it seemed certain that the stronger dose was needed, I ordered, on June 3, eight powders per day, or 24 cg. of crude medicine (about 4 gr.). By the 5th, the child was completely cured and suffered no more attacks. The nasal membrane is of light pink colour. J. L. not only feels not the least uneasiness in the stomach or anywhere else, but declares she feels quite well. The digestive tract was unaffected by the medicine.

On June 3, 1909, Madame A. complained of constant sneezing and lachrymation, her eyes being blood-shot. Her symptoms were aggravated in dry weather. The ailment appeared to be hereditary. She had tried various remedies, without obtaining the least relief.

Chrom. kali sulph. 2x trituration cured her in a week. No recurrence took place during 1909. The following year, the same result was obtained with the same dose. I have just now received a letter from Madame A., who lives in England. She asks me to repeat her medicine, and writes as follows : "the powders that you prescribed for me completely cured a sharp attack of hay fever. Last year, I had no recurrence, but this year, there was a very slight tendency to one. A peculiar tickling at the back of the nose and throat with slight sneezing being present."

On June 6, Mlle C. consulted me for frequent attacks of sneezing and irritation of the nose and eyes. The eyes had a burning sensation. Chrom. kali sulph. 2x was prescribed. On June 8, the symptoms were worse ; a few days afterwards, complete cure without another dose.

I have seen Mlle W. again, to whom I referred in a former paper. She came to consult me in May, 1910, for an affection of the skin, and mentioned incidentally that

her hay fever had not really returned. When she felt any tendency in that direction, three powders of the first decimal trituration of chrom. kali sulph. sufficed to cause all such tendency to disappear.

Mlle E., suffering from a slight attack of the same malady, experienced immediate and decided relief after taking chrom. kali sulph. 1x. three powders a day for a few days.

F. I., a young man, aged 17, was brought to me on April 30 for various troubles. Among others, he complained that the nostrils were blocked with mucus, and he complained also of pharyngeal catarrh. The mucosa was red and swollen. The discharge has been at times very thick and black in appearance. Chrom. kali sulph. 2x.

On May 7, the discharge was thinner. Continued medicine 1x.

May 14.—Discharge has lost its green colour, it is yellowish, and the quantity is much less. Respiration easier, and the mucous membrane is less swollen and of a pink colour. Repeat medicine.

June 18.—The mucosa is red, but the medicine has been taken very irregularly. Repeat medicine.

July 16.—There is no longer any discharge, but the nose remains blocked. Chrom. kali sulph. 30x. This was followed by relief from nasal obstruction for several months. It is right to remark that when I prescribed the 30th dilution there was no more discharge, but only the sensation of inconvenience, caused by the swelling of the mucous membrane, remained.

H. C., seen on January 3, stated that he had been troubled with a cold in the head for about two years. The discharge was greenish; there were crusty formations in the nose; swollen cervical glands; slight blepharitis and moist eczema (little dry crusts) of the ear. The young man had

grown fast for his age ; he became quickly tired, and felt heavy and listless and little able to work. Chrom. kali sulph. 1x.

January 9.—The catarrh is less ; he only uses two handkerchiefs a day instead of three. The discharge is not so green ; the mucous membrane less red. Repeat medicine.

January 19.—No change, that is to say, that the improvement has not continued. Graph. 200, on account of the eruption on the ear.

January 26.—Now only uses one handkerchief a day ; discharge not so green, eczema of ear better. No medicine.

February 7.—Discharge less and not so thick, eczema of ear almost well. The young man can breathe more easily. No medicine.

February 21.—Has taken cold, two handkerchiefs a day, in spite of this the mucous membrane remaining pink, and is normal in appearance ; the right ear is cured, but the same condition has now appeared on the left ear. Calc. carb. 30, the remedy indicated by the general symptom picture.

March 7.—Still some discharge. Graph 200.

March 21.—Fresh cold ; post-nasal discharge rather copious. Considerable quantity of very thin threads of mucus stretching from one wall to the other on each side ; both ears well. Chrom. kali sulph. 6.

April 4.—No change. Graph. 200.

April 18.—Not so well. Chrom. kali sulph. 1x.

May 2.—Better appearance on left side ; there seems to be more room there ; less discharge, which is yellow. Medicine continued. As may be noticed, the sixth dilution and the 1x. trituration were tried at different intervals. The 1x appeared to me to be more effectual than the sixth.

On February 10, Mlle G. described various symptoms which followed an operation for abscess of the antrum three

years before. By electric transillumination, I could perceive no trace of this affection. Ignatia being indicated by the general leading symptoms, I began with that remedy.

On February 17, she reported herself as rather better, she had been relieved of the nasal flow for several days, but it has begun again, bringing back the general symptoms. At times, there is sneezing, with abundant nasal discharge and headache. Kali iod. 30.

March 1.—The flow diminished while the patient took the remedy, but recommenced when she stopped it ; much sneezing ; the flow ceases when she lies down. Chrom. kali sulph. 1x.

March 18.—Feeling an aggravation of the symptoms, the patient stopped taking the medicine and went back to the kali iod, which gave no relief. Chrom. kali sulph. 3x.

March 25. No improvement. Chrom. kali sulph. 30.

April 12.—Since taking the remedy in this dilution the patient has no longer any spontaneous flow. She still sneezes from time to time, and uses her handkerchief a good deal, but she does not suffer. There is some thick discharge, but nothing comparable with the copious discharge which troubled her lately.

May 3.—The patient reports that she had some flow on April 13, all day ; on the 17th and 25th, half a day in the morning ; and on April 4 all day. Chrom. kali sulph. 10 cg., divided into four doses.

May 19.—She has only had discharge twice since the 3rd.

Mr. Z. complained in the month of March of a cold that had started in the beginning of winter, and had become chronic. The only symptoms were a non-irritating watery flow, frequent sneezing. Being only able to see the patient for a moment, as I was going out, and fearing that the symptoms might be due to a polypus, I advised him to consult a

specialist, as it seemed to me very probable that the powders prescribed in haste, and without being able to make an examination, would have no effect. The prescription was chrom. kali sulph. ix., 15 powders (3 per day). The symptoms disappeared rapidly. I saw this patient *en passant*, on May 9, and there had been no recurrence. It was unfortunate that I did not ascertain the state of his mucous membrane, but it was undoubtedly a case of chronic rhinitis, the discharge which had lasted for several months yielded rapidly and definitely, after the exhibition of chrom. kali sulph. ix.

Dr. Hermebert, one of the leading rhinologists in Belgium, communicates the following case :—

"M. G., aged 25, has been attacked annually for the last ten years with the usual symptoms—varying in intensity from one year to another of hay fever—watery discharge from nose, nasal and ocular irritation, fits of sneezing, &c.

"He came to me in a very distressing condition at the beginning of June, 1910. I found no special nasal lesion, save a congested state of the nasal mucosa and of the conjunctiva. I ordered him 10 cg. of chromic alum in ten doses—to take one per day. I saw him twice in the course of the same month, eight days and about a month respectively after his first visit. He acknowledged a very notable decrease of the various symptoms, and stated that the ocular symptoms (irritation and watering) had totally disappeared a few days after taking the medicine."

I conclude this series of cases by quoting that related by Dr. Mire Jousset at the meeting of the French Homeopathic Society, on February 9, 1910.

"Mlle. S. M., aged 23; hay fever for four or five years, summer attacks. But in 1909 the hay fever continued in the autumn, and was still very severe at the end of November.

" November 27.—Chrom. kali sulph 3x trituration, four tablets per day for six days, then stop three days, and repeat for six days.

"January 20, 1910.—The first two days of treatment very marked aggravation, the eyes bloodshot, considerable lachrymation, frequent sneezing, headache, &c ; then amelioration, and for three weeks the patient seemed cured. Chrom. kali sulph. 2x trituration for three days, stop four days, repeat for three days, then decrease gradually."

According to these few cases, chrom. kali sulph. appears to have a very decided action on certain affections of the nasal passages, since there was only one failure in twenty cases ; and this figure is much below the reality, for I had occasion to prescribe the remedy with success for some considerable time before making notes of the above cases.

It is only after having a certain satisfactory experience myself that I thought it my duty to do what was necessary to communicate to my brethren the results which I had obtained.

Dr. Tessier, senior, at the meeting of the French Homeopathic Society (*Revue Hom. Française*, March, 1910), observed that as low dilutions caused an aggravation, it would be well to continue the experiments with higher dilutions. But it is right to distinguish between certain affections of the nasal passages and hay fever. I began the treatment of the latter with 3x trituration, and it was only after several failures with this trituration that I employed the 1x and 2x ; and since I have used 1x and 2x, I have had no other failures but the one in a patient accustomed to use cocaine.

Dr. Jousset, it is true, saw an aggravation with the 3x, but this aggravation only lasted two days, in spite of continued treatment. It was the same with those of my patients who experienced an aggravation of their cases after the 1x or 2x. Improvement followed the aggravation, which was

quite momentary in the majority of cases, and the improvement was definite, at any rate as far as the annual attack was concerned.

I think, therefore, that one may conclude that, in sharp exacerbations of hay fever, low triturations are the most effectual. They sometimes act with such rapidity that I trust that we may have found in them a weapon sufficiently powerful to combat this annoying affection. It will be interesting to see it if chrom. kali sulph. will give the same results in other countries, the United States, for example, where the disease is so widespread and so severe.

As for the other nasal affections, I have not had the opportunity of treating a great number, but from the few cases mentioned here, the medium dilutions appear better suited than the lower. In my first note I advised the 6C. dilution in dry catarrh of the nose, but have had no opportunity of trying it. In one case the 30C. proved efficacious, and caused a decrease of dryness, notwithstanding that at the same time there was less discharge. In another case, the 30th, and even the 100th proved more efficacious than the low triturations, and if these latter decreased the quantity of discharge in Mons. F. J., the 30th dilution had a very favourable action in the nasal obstruction set up only by the swelling of the mucous membrane, since the favourable result obtained continued for four months. In any case it is evident that the number of cases treated was not sufficient to enable one to draw definite conclusions, and I hope that the specialists, who have daily opportunities of seeing such cases, may be able to supply us with more ample information on the subject.

As Dr. Tessier says, the pathogenesis of kali bichrom. and of chromic alum seem to have much that is analogous. Both have chromium as their base, but we have in chrom. kali sulph. an additional molecule of sulphur.

The irritant action of this alum on the mucosa is also much more marked than that of bichromate of potash. Moreover, chromic alum produces in the nasal passages very fine threads, having the appearance of the threads of spider's web, stretching from the septum to the external wall of the nasal passage, which I have not seen mentioned in relation to kali bichrom.

— *The British Homœopathic Journal.*

THE INDIAN HOMEOPATHIC REVIEW.

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collateral sciences.

The knowledge of disease, the knowledge of remedies and the
knowledge of their employment constitute medicine.

—HAHNEMANN.

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VACCINE THERAPY.

One of the ex-judges of the Calcutta High Court who was lately treated by vaccines, told one of the leading physicians of the dominant school here, that in his opinion they were practising what Hahnemann foresaw and enjoined his disciples to practise over one hundred years ago. The question of infinitesimal doses, is no longer a disputed question, for we know that the dominant school freely uses the 1 in 1000, 1 in 3000 and even 1 in 10000 of Mercury and many other drugs. With the advent of Vaccine Therapy the question has taken another aspect. It is a well known fact that most of the physicians, in fact the most successful and up-to-date physicians of the other school are using vaccines extensively, and they claim that they are getting excellent results. They do not know that they would get still more excellent results if they adopted homeopathy. For Vaccine Therapy is nothing more nor less than crude Homeopathy, or in other words, it is the

Homeopathy that is generally practised by the so-called pathological prescribers.

Sometime ago, I was quite taken aback by the suggestion of a Calcutta physician who wanted to treat a sister of mine, with autogenous vaccine, who was suffering from a tubercular ulcer of the heel. I told him that I was familiar with vaccine treatment but that we had a better system which was far more successful. Needless to say, my sister is all right now.

I feel ashamed to think now, in fact my memory galls me when I think how often we had ridiculed my late revered preceptor the Immortal Allen of Chicago, for his resorting to the *nosodes* so frequently. His one great hobby was to fall back on the *nosodes* in almost every case of difficulty. And now what do we do ? The *nosodes* are our great friends in need. Not a day passes that we do not resort to them. "We think our fathers fools.".....How emphatic was Burnett when he said in his new "Cure for Consumption" about the virtues of the virus—I claim that this I have now absolutely proved, i. e. that the virus is capable of curing consumption when homeopathically indicated. His method of treatment was very different from that of Koch, for he prescribed on homeopathic principles. So much for our prelude to-day. Now let us see what Vaccine Therapy really is.

Vaccine Therapy literally means the treatment of diseases by their vaccines. Vaccines, as we shall presently see, are vegetable remedies, prepared from vegetable organisms and properly quite analogous to vegetable tinctures ; if we choose we can dilute them, and prepare our potencies. Vaccines are of course made by the bacteriologists. But long before the toxines and anti-toxines were discovered, these things had been made use of by the homeopaths according to their law and with admirable results and were, or rather are known by the name of *nosodes*.

I shall now give you a brief outline of what vaccines really are and how they are prepared, and for this I can do no better than quote a few lines from that admirable article of our Dr. Hare of The London Homeopathic Hospital, now Demonstrator in Bacteriology, London University King's College.

"Since the time of Hahnemann great advances have been made in science, and none greater than in the knowledge and technique we now possess of Bacteriology. In my opinion the scientific *vaccine* of to-day is the *nosodes* of yesterday, a statement more readily appreciated when I describe to you the preparation of a vaccine. The best results are obtained when the vaccine is prepared with the particular or specific organism of the patient's infection, or in other words, an autogenous vaccine. In some cases of course this is not possible, particularly in such conditions as tuberculosis and syphilis where other methods have to be resorted to. In tuberculosis, by reason of the fact that the bacillus is particularly slow growing, and would thereby cause grave delay to the patient; in syphilis, that up to the present we have not been able to cultivate the treponema outside the human body. The pathogenic organism must be isolated and grown upon a suitable medium, for instance, staphylococci and streptococci on agar, gonococci and pneumococci on blood-agar, the object being to obtain these organisms in pure cultivation, and media should always be used which tend to eliminate overgrowth in accordance with the bacteria which we have to investigate. If one organism alone is required, let us say the pneumococcus and it has been obtained in pure culture, an emulsion is made, and is thoroughly shaken up for not less than half an hour in a mechanical shaker. It is then standardized, that is to say, it is prepared in such a way as to contain a certain number of

organisms in a known quantity of fluid. The standardization is carried out by counting the number of bacteria together with red blood cells, which must be taken from a subject, the corpuscular contents of which are known to be normal. Assuming five million red cells to be the normal content of i. c. m. of blood, it is easy to calculate the number of bacteria contained in the emulsion. A blood film should be made from a mixture of one measured unit of blood and one unit of bacteria and this having been stained by Leishman's method, we see on examination red blood corpuscles red and bacteria blue.

"We now come to the most important point of the whole preparation. Having added a trace of Carbolic Acid 0.5 per cent, two or three drops, to act as a preservative, the vaccine must be sterilized. That is to say, the organisms must be killed. This is done by placing the flask in a water bath at about 56 to 60 C. from one to one and a half hour according to the resistance of the organism under sterilization. At the end of that time the emulsion must be proved to be sterile, and this is done by inoculating a series of agar tubes with it. These must be incubated for not less than forty eight hours, and if at the end of that time no growth appears, the preparation is ready for therapeutic use."

So much for the preparation of vaccines for therapeutic purposes. Dealing with the question of the scientific basis of Vaccine Therapy as a homeopathic procedure Dr. C. E. Wheeler in a paper read before the British Homeopathic Congress, tried to prove that the practice of Vaccine Therapy is homeopathic and he also tried to prove that vaccines as prepared are not identical with the organisms living in the body, although they are very much similar. He further said that stock vaccines often fail, but nevertheless the modifications are introduced in preparation

and the relation between stock vaccine and autogenous vaccine is the relation between *Simile* and *Similimum*. Therefore he contended that the practice was more Homeopathic than Isopathic. Dr. Mc.Nish also reported some cases that were treated by Vaccines and some of them very successfully, before the same meeting, but I shall not quote them here as my time is limited. Moreover vaccines cannot be used strictly homeopathically till they have been proved, nor can we testify till we know all their individual characteristic symptoms, for the minute we depart from Hahnemann's method of individualizing each case and remedy as well, we enter upon the sea of doubt and uncertainty upon which our brethren of the other school have sailed without a compass. "If ever our school gives up the strict inductive method of Hahnemann, we are lost, and deserve only to be mentioned as a caricature in the history of medicine."—Constantine Hering.

J. N. M.

THE DOCTRINES AND PRACTICE OF HOMEOPATHY.

Homeopathy is a simple method of medical treatment governed by the law of *similia*.

A disease does not affect the material body, but it is the dynamic disturbance of the vital force and is nothing but the totality of symptoms; when these symptoms are removed, the disease is completely cured.

When a person is in good health, the organism is kept up living by a spirit-like force called the vital force or dynamis, which maintains the regularity of functions.

The curative power of a medicine is known by the effects which the medicine produces upon healthy individuals in

the shape of symptoms. A disease is cured by a medicine of similar effect, when used singly.

Large and repeated doses of medicines and mixtures are detrimental to the health—they cannot cure a disease but produce a kind of violent drug disease of dissimilar character. When the new and violent artificial drug disease and the natural disease, which are of opposite character, cannot extinguish each other, the new artificial disease of opposite character suppresses the natural disease for the time being, but as soon as the effects of the mixtures are gone, the natural disease appears with a redoubled force, being more complicated and obstinate ; the disease now becomes incurable and chronic.

The curative power of a medicine is greatly increased when used in small doses and when it is potentiated.

Hahnemann recommends the thirtieth potency as the general limit of dilution, though he suggests that medicine can be attenuated to a higher potency dependent upon causing such aggravation as is capable of driving away the natural disease.

When a single medicine of similar effect is applied in a potentiated form, it produces in the organism an artificial drug disease, which being superior in strength, drives away the natural disease and occupies its place ; then the drug disease, having the effect of shorter duration, is soon overpowered and extinguished by the vital force, thus restoring perfect health.

But when two unlike diseases appear in the same body, such as small pox and measles, the stronger disease suppresses the weaker one, but they cannot eradicate each other ; when a person suffers from syphilis, he may be attacked with the itch and vice versa. During the appearance of the itch eruption syphilis remains dormant and postponed, but when

the two dissimilar diseases are of equal intensity, they are blended together and each occupies the suitable portions of the organism and the case becomes complicated and incurable.

When similar diseases meet in the organism, they extinguish each other.

Variola, having many violent symptoms, is known to have cured many diseases.

Ophthalmia, blindness, deafness, asthma, swelling of the testicles, dysentery, consumption and various other chronic diseases have been seen to be extinguished by small pox by means of similitude of symptoms.

Whooping cough and herpetic diseases have also been cured by the appearance of measles ; but the number of human diseases, that are amenable to the influence of small pox, measles and itch, is very small.

But as these diseases are very dreadful, cures by such natural diseases are rare and unsafe and are, therefore, by no means desirable. As we have got four hundred tried medicines in our stock of Homeopathy, cures by such morbid agencies are safe and speedy and desirable to all intents and purposes.

Psora, syphilis and sycosis, being chronic in their character, are never overpowered by the vital force and last life-long ; they should be treated by anti-psoric remedies and they remain suppressed for the time being and the slightest infringement of the sanitary laws gives rise to countless diseases. Nosodes are serviceable and act wonderfully in such cases.

As the success of cure depends upon the real virtues of medicines, they must be tested and proved by experiment upon a healthy person. Unless the medicines are proved and their morbid properties are fully known, they cannot be safely applied in diseases for saving human lives. As with

the curative powers of medicines life and death of human beings are concerned, it is the first duty of every physician to undertake the task of proving medicines upon his own person and note down their characteristic symptoms that will be recognized by such experiment.

For the sake of experiment the drugs are to be taken in an unadulterated form. The extracted juice of fresh native plants must be mixed with a little alcohol for prevention of fermentation ; the foreign herbs should be used in a powdered form or in the form of alcoholic mixture with a little water. Salts and gums are to be taken by dissolving them in water. Dried plants must be powdered and infusion should be made by boiling water and such infusions are required to be taken while warm or else they will lose their medicinal virtues.

The examination of the patient is the most difficult task. The symptoms of each case should be taken down in writing, the subjective and objective symptoms are to be noted down, as well as the family history of each patient should be investigated in order to find out the predisposing cause of the disease. If the totality of symptoms of the patient is not well recorded, we cannot get a true image of the disease and so it would be difficult to have a correct picture of a similar curative remedy. The characteristic symptoms of the drug remedy should correspond to those of the natural disease. Large and repeated doses of any medicine cannot permanently cure a disease—the medicine is required to be similar : *similimum* is all in all ; massiveness of dose is nothing. The law of similarity should be kept in view while selecting a curative remedy.

In order to select a right remedy the totality of symptoms of the natural disease should be compared with the characteristic symptoms of the remedy. Before such

comparison the "more prominent, uncommon and peculiar" (characteristic) symptoms of the disease are to be recorded in writing while the more general and undefined symptoms, such as headache, debility, want of appetite, restless sleep, distress &c., are beneath notice unless they are particularized, as these indefinite symptoms are found in almost all the diseases.

The physician should first of all allow the patient to narrate the history of his complaints ; then his attendants are to be allowed to inform what they have heard him complain of, and the changes of his temperament and behaviour and occupation. They must not be interrupted when describing the complaints and the physician is required to note down their expressions verbatim. He should also write down all the circumstances which he comes to know by means of sight, hearing and touch.

Enquiries should be made as to his mental thoughts and desires, the nature of his appetite, the character of his stools and urination, the state of his sleep in the day and night, the nature of pain in any part of the body, the power of digestion and the condition of his previous health—whether the patient has ever suffered from syphilis or gonorrhœa ; under such circumstances it is the duty of the physician to question the patient privately and thus draw out the state of his former health.

As regards the female patients enquiries should be made as to barrenness, pregnancy, miscarriage, suckling, the state of menstrual flow, and uterine disease.

It is to be noted that hysterical patients and hypochondriacs are apt to represent their ailments in a very strong light and exaggerate their expressions on account of great sensitiveness and intolerance ; so that this very exaggeration guides the physician to find out the appropriate remedy.

There is another class of patients who conceal complaints on account of bashfulness and with the impression of the insignificance of these symptoms.

While noting down the statements of his patient and his attendants, the physician is to write down each statement separately, one beneath the other, so that he may have sufficient opportunity to make necessary additions to each statement after further enquiries.

In intermittent fevers there are three stages, viz, chill, heat and sweat. In the treatment of such fevers the symptoms during pyrexia and apyrexia and the absence of any stage should be noted. The singular, peculiar and exceptional phenomena and the symptoms during apyrexia are solely to be trusted and depended upon, as these are the guides in selecting the suitable remedy.

The medicine should be used during apyrexia "when the fever has entirely subsided" ; during intermission the remedy acts well, as at this time the vital force remains in a most favourable condition. If the medicine is given just before the next paroxysm, the remedy, though it be similar, would cause counteraction and distress in the organism, thus weakening the patient and even endangering his life.

If the feverless interval be very short, the medicine should be administered as soon as the perspiration declines or the paroxysm is over.

We should be very careful in the repetition of the dose, one or two doses of the proper remedy, even if it be of lower potencies, are sufficient to bring on a perfect cure.

If the patient is not cured by the application of the single dose of a well-chosen remedy and if he be again attacked and the symptoms remain the same, the same medicine must be repeated.

Experience teaches us that if, after the administration of

similar remedy, the paroxysm comes earlier and becomes more violent, or if it be later and milder than the foregoing attack, we must not repeat the dose but ought to wait for the next attack "which may be lighter still or may not come at all."

The repetition of the dose of the appropriate remedy weakens the organism and the vital force tries to exclude the hostile over-dose in the shape of fever, vomiting, diarrhoea, sweat &c.

It is a noteworthy fact that a skilful physician fails to cure intermittent fevers which are found in marshy places, but young and healthy persons who live in malarial places, can preserve their health by obeying the sanitary laws but if they become enfeebled by debaucheries, poverty or over-work, they cannot escape the attack. The new comers* are specially attacked with endemic intermittents. Under such circumstances one or two doses of Cinchona in high potency will restore their health, if they lead a simple life. But if the medicine fails to bring about the desired effect, it must be accounted to developed psora and anti-psoric treatment is necessary for the restoration of their health. When the psora becomes fully developed and when such persons fall ill again and again, it is advisable to remove them to a healthy place from the scene of malaria where the cause of such pernicious fevers is always present.

If an individual, living in a healthy place, be taken with a malignant type of intermittent fever, it is necessary to treat him with a non-antipsoric medicine in the beginning and the medicine is to be continued for some days for diminishing the fever as much as practicable. But if it does not help altogether, antipsoric treatment will set him right.

In chronic diseases the medicine is to be administered at the intervals of nine, twelve or fourteen days. If the medicine

be repeated, this second dose will interrupt the beneficial effect of the well selected remedy and counteract the curative action of the first dose, which is in most instances sufficient to cure.

In acute diseases the time of the repetition of the dose of the appropriate remedy is specified according to the more or less rapidity of disease : under the circumstances the medicine can be repeated every twenty four, twelve, eight, four and even less hours, when the medicine continues to show improvement without engendering new symptoms. But when the disease is very dangerous, the interval must be very short ; as in cases of cholera, the most dangerous and fatal disease, in the first stage one or two drops of diluted Camphor must be given every five minutes with a view to obtain rapid and certain help, but in the developed stages doses of Cuprum, Veratrum, Phosphorus or Arsenicum, Carbo-veg should be applied every two or three hours.

The preceding rules are also applicable to the nervous fevers and other continued fevers as regards the intervals for the repetition of the doses of the remedies.

In acute as well as chronic diseases the sanitary laws should be strictly observed in reference to proper diet, purer air and water, moral conduct and divine meditation.

Drugs and metallic substances in their crude state possess the strongest medicinal properties ; but there are some metals which are inert in their crude state. When the crude substances are attenuated, they exert wonderful medicinal powers to a higher degree, which are dynamic in their character and when they are used as medicines in a potentiated form, they exercise a remedial and beneficial influence upon the organism, while the crude medicines cannot penetrate into the inner parts of the organism and produce the similar effects. This rule holds good in the case of inert metals also.

The juice of freshly gathered native plants should be mixed with equal parts of strong alcohol and kept in well corked bottles for twenty four hours ; this clear fluid is used for medicinal purposes without losing its medicinal powers for a long time on account of admixture with alcohol, provided it is preserved in a well corked phial and protected from heat and sunlight. This fluid is called the mother tincture.

Two drops of this mother tincture are to be mixed with ninety eight drops of alcohol in a phial, which is required to be shaken twice by the strokes of the arm—thus the medicinal power developed is called the first potency. This process is required to be repeated with twenty nine phials, each phial containing ninety nine drops and being filled up to three parts with alcohol : this second phial should be shaken twice and so on to the thirtieth potency. This thirtieth dilution is of the centesimal scale and is sufficient for common use.

A single medicine is to be used at a time in the treatment of a case according to the similar symptoms of the disease and should not be alternated with any other medicine. The proper selection of the remedy and the minuteness of the dose are also essential in effecting the cure.

Large and strong dose will cause injurious effect upon the organism already affected by the natural disease. The dose ought to be so small as it may cause an aggravation capable of expelling the natural disease. The dose, when taken, will produce an artificial drug disease in the organism. This drug disease being superior in strength to the natural disease, will drive it away from the organism and take its place and the drug disease will be overpowered and soon extinguished by the life force on account of the minuteness of the dose and owing to its having an effect of shorter duration. It must be borne in mind that the higher degrees have an effect of shorter duration than the lower ones. The

injury that would be caused for want of a careful selection of medicine, is so slight owing to the minuteness of the dose that the effect will be soon extinguished or recovered by the speedy application of a suitable remedy.

The effect of the medicinal dose is greatly increased in proportion to the quantity of water in which it is mixed.

Every sensitive part of the body, whether tongue, mouth or nose is susceptible to medicinal effects, and can transmit their power to any part of the body.

Homeopathic medicines are greatly efficacious when they are taken by means of olfaction or inhalation. Globules, of which ten to twenty weigh a grain, saturated with the thirtieth dilution, dried and kept in a well corked phial, will retain the full medicinal powers undiminished for at least twenty years, even if the phial be opened thousand times, but well protected from heat and sunlight. The mouth of such a phial is to be held first to one nostril and if the dose is to be somewhat stronger, it should be held to other nostril and the patient will be required to inhale with as much vehemence as is sufficient for the purpose. This process of olfaction is far superior to all other modes of administering medicines; it is much quieter and does not cause any irritation, especially it is greatly useful and beneficial to the nervous and weak patients. The interval of the repetition of olfaction must not be shorter than when the material dose is administered by the mouth.

ANANDA LAI DATTA,
Ghea (Murshidabad).

Angina pectoris—"The fluid extract of English hawthorn—*Crategus oxyacantha*—has been strongly recommended by Jennings, Clements and others.

REPERTORY ON APPENDICITIS INCLUDING TYPHLITIS AND PERITYPHLITIS.

W. A. YINGLING, M. D., NONCHALANTA, KANSAS.

ABDOMEN.—(Compare, with Ileo-cæcal Region.)

- Alive, in right hypochondrium, motion as of something.—Inula.
- Alive, in left hypochondrium, motion as of something.—Phos.
- Ball, sensation of rolling in, when turning over on the left side, especially after pus has formed.—Lach.
- Burning (or heat) in.—Apis, Ars., Bell., Bry., Camph., Cocc., Magn-phos., Merc., Nux v., Phos., Plat., Plb., Rhus tox., Sil., Thuja.
- Burning in.—(Compare under heat, below.)
- Coldness of.—Cocc.
- Cold feeling in.—Phos.
- Constant pain in a limited spot—Bry.
- Crampy, paroxysmal pain beginning close to the crest of the ilium, right side, stretching to lumbar and hypogastric regions.
—Diosc.
- Cutting pain in a small spot, between umbilicus and right groin.—Inula.
- Drawing, burning feeling in almost whole of the right side, with a painful hard swelling in the region from the crest of ilium to the middle abdominal line, upward to liver and downward to the groin, better by gently pressing upward on the tumor.—Rhus tox.
- Dull throbbing in the.—Bry.
- Heat in right hypogastric region.—Bell, Bry.
- Heat and tenderness, can scarcely bear any. [covering.—Crotalpar.
- heat—(see burning.)
- Numbness of.—Apis.
- Pain in the right side, reaching to the right groin and down to the scrotum on the same side.—Ars.
- Pain in the right side, severe knife-like, going through to the back—Pyrogen.

- Pain in the right side, stretching towards the liver and into the chest.—Camph.
- Pain on awaking, near right anterior superior spinous process of the ilium.—Card-mar.
- Pain severe, in lower, as if it would burst, settling finally into the ileo-cæcal region.—Nitr-ac.
- Pain severe, very, on right side of, extending downward towards rectum.—Daryphara.
- Pain severe, very, on right side of, with distention ; pain spread to right inguinal region.—Card-mar.
- Pain sharp, stitching between umbilicus and right groin.—Inula.
- Pain sharp in right lower, extending towards right spermatic vessels,—Medor.
- Pains tensive, contractive, during exacerbation—Cocc.
- Pregnancy, quickening of, feeling like the.—Thuja.
- Pressing in right side of.—Prun., Pyrogen.
- Pressive pain between navel and groin worse standing, lying on back or side, inhaling, etc —Arum-mac.
- Pressure in right side of, as from a foreign body.—Thuja.
- Pressure upward from flatulent distension.—Phos.
- Pulsation in.—Acon, Bry, Card-mar, Colch., Lach., Plb.
- Rolling-up feeling as of a hard substance in right hypochondrium.—Op.
- Rumbling in.—Bapt, Calc-sulph, Doryphara, Inula, Nitr-ac, Op, Phos, Plb, Rhustox.
- Rumbling in as if a boiler were working in bowels.—Nitr-ac.
- Rumbling in, carried by pressure.—Diosc.
- Sensitiveness to contact, extreme.—Lach, Plb, Pyrogen.
- Sensitive to pressure or touch (tenderness)—Apis. Arn. Arum, Mac, Bapt, Bry, Capp, Carb, Sulph. Colch. Crotalpar, Diosc. Doryphara, Natr sulph, Nitr-ac, Plb, Pyrog.
- Soreness of right side of.—Pyrog., Zinc
- Soreness of walls of.—Bell. Thuj.
- Sore pain on a small place on right side.—Zinc:

—Stitches from, into the chest.—Bry.

—Squeezing pain in different parts of, paroxysmal, coming on during quiet or motion.—Natr-sulph.

—Surface of, hotter than the rest of the body.—Colch.

—Swollen, distended—Acon, Apis, Ars, Bapt, Bry, Calc-sulph, Card-mar, Colch, Daryphara, Nit-ac, Phos, Rhamnus-cath.

—Tympanitic.—(see tympanitis.)

ABSCCESS.—Deep-seated.—Apis, Ars, Graph, Hepar, Iod, Kali-carb, Lach, Lyc, Merc, Sil, Sulph.

—Alive, painful motion in the right hypochondrium, as from something.—Inula.

—Painful motion in the left hypochondrium as from something, when standing or sitting.—Phos.

—Anxiety, with—Acon, Ars, Bell, Bry, Camph, Coloc, Hepar, Kali-c, Lach, Merc, Nat-sulph, Nux v., Op, Phos, Plat, Plb, Rhus-tox, Sil, Thuj.

APPENDICITIS, (especially.)—Apis, Arn, Ars, Arum-mac, Bapt, Bell, Bry, Camph, Calc-sulph, Card-mar, Cocc, Colch, Coloc, Comoclad, Cortal-par, Diosc, Daryphara, Ginseng, Hepar, Hura, Inula, Lach, Medor, Merc, Merc-cor, Natr-sulph, Nitr-ac, Op, Phos, Plb, Rhamnus-cath, Rhus-tox, Thuj.

APPENDIX—Extreme pain in the region of—Crotal-par.

APPETITE—Loss of—Crotal-par

(Consult general repertory.)

BACK—Forced to lie on, motionless.—Bell.

—Lying on, with right leg flexed or elevated, ameliorates—Rhustox.

—Lying on with right knee flexed—Lach, Merc.

—Lying on, aggravates—Acon, Arum-mac, Ars, Calc-c., Nux vom., Phos, Rhus-tox, Sil.

BELCHING—(see Eructation.)

BLADDER—Pressure on—Op.

BREATHING, aggravates from.—Acon., Arum-mac, Bell, Bry.,
Camph, Calc-sulph, Cocc, Daryphara, Hepar, Kali-c, Merc,
Pyrogen, Rhus-tox, Thuja.

BURNING—in abdomen. (see abdomen.).

—Pain—Ars, Bry, Daryphara, Phos.

CHILLINESS—with—Hura.

COLDNESS—Attacks of.—Hepar.

COLIC—with anxiety.—Arum-mac,

—From incarceration of gases.—Calc-sulph.

—Or griping pains. —Rhamnus-cath.

—Colicky pains in right side—Card-mar.

COLLAPSE—Threatened with.—Ars, Camph, Crotal-par, Lach,
Mere-cor.

CONSTIPATION—with—Bry, Card-mar, Crotal-par, Lach, Merc,
Op, Plat., Plb. (See also under stool,
and consult general repertory.)

CONTRACTIVE—Pains—Cocc.

COUGHING—Aggravates from.—Arn, Ars, Cocc, Plb, Pyrogen.

COVERING—Throws off, though the body is cold to the touch.
—Camph.

CRAWLING—sensation extending to the toes, distressing.—Ginseng.

CUTTING—pains.—Ars., Bell., Bry., Calc-sulph, Card-mar, Colch,
Coloc, Comoclad, Crotal-par, Diosc, Inula,
Kali-c, Merc., Nux v., Op., Plat, Rhamnus-
cath, Rhus-tox, Thuja.

DELIRIUM—When going to sleep with—Ginseng.

DIARRHŒA.—(See under stool, and consult general repertory.)

—Alternating with constipation, copious, gushing, exhausting
stool.—Phos.

—Bilious.—Apis.

—Involuntary, thin, offensive, or retention of stool.—Op.

—Drawing pains.—Bry., Caph., Card-mar, Hepar, Inula, Kali-c,
Lach, Medor, Merc, Nux v., Plat, Plb.,
Rhus-tox, Thuja.

- Drinking, pain aggravates from.—Daryphara.
- Driving, aggravates while.—Card-mar.
- Dull pain.—Bry.
- Eating, pain worse from.—Daryphara.
- Enteritis from pressure of foreign bodies.—Bry.
- Erections, frequent.—Plat.
- With ineffectual desire to stool.—Thuj.

ERUCTIONS, acrid, bitter, loud.—Calc-sulph, Merc.

- Do not relieve.—Op.
- Putrid.—Arn.
- Sour.—Plb.

EXTREMITIES—Cold.—Op.

- Constant motion of.—Cocc. (See legs!)

EXUDATION—Apis.

- Purulent.—Merc.

EYES—Half open.—Op.

FACE—Anxious.—Rhus tox, Plb.

- Cold and pale.—Hepar.
- Cold sweat on.—Ars.
- Flushed or pale.—Merc.
- Hippocratic.—Camph, Op.
- Pot.—Hura.
- Pale.—Merc., Op., Rhus-tox.
- Troubled look in.—Plb.,

FAINTING spells.—Camph, Calc-sulph.

- With nausea.—Calc-sulph.

FEET, caused by getting wet.—Rhus-tox.

- Cold.—Ars., Hura.
- Œdema of the.—Apis.

FLATUS, better passing.—Arn.

- Fetid.—Arn., Ars., Camph., Calc-sulph, Cocc, Nux v, Phos, Sil.
- Free discharge of.—Arn., Calc-sulph., Phos.
- Orderless.—Phos.
- Sour.—Calc-sulph, Merc.

FLUID in ileo-cæcal region, sense of, on pressure.—Apis.

FOOD, sight or smell of, causes nausea, and aversion.—Colch.

—Fermentation of—See rumbling, under abdomen.

FEVER, with.—Bell, Ginseng, Lach.

—After sleep,—Lach.

—At 3 P. M.—Lach.

(Consult general repertory.)

GNAWING pains between spine of ilium and rectus muscles.—Medor.

GRIPING pains.—Inula. Op. Phos, Rhamnus-cath.

GROIN—(Consult Ileo-cæcal region.)

—Drawing pains in right and over external pubic region.—Inula.

—Outward pressure in, with rolling, rumbling and distention.—
Natr.-sulph.

—Pains extend to.—Ginseng. (To be continued.)

VERATRUM ALBUM.

(Continued from page 32, No. 1, Vol. XXII.)

In Plumbum, colic and fecal vomiting are marked features of the intussusception. The abdominal wall feels drawn, as if by a string, to the spine.

Serious cases of gastrodynia sometimes call for Veratrum Album. The pain starts in the epigastrium. It is at first dull but it grows almost agonizing subsiding slowly again. It is a pain that radiates from the epigastrium both upward and sideways reaching to the back between the lowest point of the scapula. It is accompanied by shaking and cold sensation.

It vies with Colocynth for abdominal colics and neuralgic pains. These colics result from abuse of quinine and indulgence in fruits and vegetables. The abdomen gets swollen up with incarcerated flatus which passes neither way and feels very sensitive. The pain is of a burning, twisting, cutting nature with nausea and vomiting and he frequently breaks out in cold sweat.

Hahnemann in his "Lesser Writing" mentions of a case in a compositor who suffered from terrible colic after partaking of carrots, cabbages, especially the white and sour-cROUT, after every species of fruits, pears in particular. He used to feel a certain movement about the navel followed by pinching as if by pincers. There occurred also sensation of constriction above and below, so that the flatus could not pass any way. Along with this he had nausea, vomiting, cold sweat, stupefaction and profound exhaustion.. "He lay many hours stupefied, unconscious, with a swollen face and protruded eyes without sleep. After wind passed up and down, it went away. Veratrum Alb., four powders each containing four grains of powdered roots, caused a dreadful aggravation followed by a perfect cure".

This is indeed a model cure ; for it presents a perfect picture of our remedy. The skill of the master Homeopath consists in recognizing this picture.

STRAMMONIUM.

[*Mania, Delirium, Coma, Loss of memory, Hydrophobia, Melancholia, Chorea, Vertigo, Headache, Hemeralopia, Otagia, Hardness of hearing, Nosebleed, Hysteria, Erysipelas, Prosopalgia nervosa, Lockjaw, Stammering, Hiccough, Diaphragmitis, Cardialgia, Colic, Cholera infantum, Constipation, Hemorrhoids, Epilepsy, Nymphomania, Metrorrhagia, Whooping cough, Panaritium, Catalepsy, Paralysis, Typhus, Anasarca, (after scarlatina) Burns, Aphasia, Apoplexy, Delirium tremens, Spasm of the œsophagus, &c.*]

Datura Stramonium is another of our great remedies that have helped us in scoring off many a success. It is known by various names, such as thorn-apple, Jamestown or jimson weed etc. It belongs to the natural order of solaracæ. It grows plentifully all over the world. In India the two varieties of *fastuosa* and *alba* are the ones mostly

seen. The poisonous effect of this plant is due to an alkaloid *datoorin* which resembles hyoscyamine and atropine in its properties. Prof. Ladenburg asserts that it is a mixture of both atropine and hyoscyamine. This alkaloid crystallizes in long colorless prisms. It has a bitter and an acrid taste.

This remedy is prepared from the ripe seeds. They are powdered and then mixed with five parts by its weight of alcohol. This is filtered after being left in an well stoppered bottle for eight days and we get our tincture from which the attenuations are made. This remedy was first proved by Samuel Hahnemann. Of course Datoora as a remedial agent, is known to the people of this country for ages. It is almost as old as the Hindu civilisation. One of the characters of the Hindu mythology, I mean that of Bhola Moheswar testifies to this point. He is described as a jovial, careless, forgetful, semi-insane character much addicted to "*datoora*" and "*bhang*." The Kabirajes of this country also use it for varied purposes, such as mania, sleeplessness, nervous disorders of various kinds and so on.

Instances of Datoora poisoning are very common and they supply us with many of the symptoms we find recorded in our Materia Medica. I have known quite a few cases of insanity from Datoora poisoning. A boy, almost a grown up lad, got into bad company and acquired the habit of drinking. His father came to learn about it and stopped all his allowances hoping thus to cure him of his drinking habit. This produced a still worse effect. Goaded by his hankering he began taking a decoction made from Datoora seeds, with the result that he is insane now. When we come to deal with the mental symptoms of this remedy, we will take up the details of this insanity. Datoora is very often resorted to by criminals in this country for the perpetration of their criminal intentions. When Thugs used to abound in India,

Datoora was the favourite poison with them, that they administered for the perpetration of robberies. The principal varieties of Strammonium that we find in India are the Datoora *fastuosa* and *alba*. In the Med. Gaz., vol 8, p. 605, we find the case of a boy, aged about five years, who took some Datoora seeds with a portion of the plant. In a very short time his face got flushed and he staggered and fell as if intoxicated. His pupils were dilated, his face flushed and he was in a state of raging delirium, biting and beating those around him. He was talking incessantly and incoherently, performing various ludicrous gestures and driving away imaginary animals. We can divide a case of Strammonium poisoning into three stages. The first stage of poisoning is commonly marked by delirium, restlessness, great muscular weakness and giddiness. He is unable to stand ; he talks incoherently, laughs wildly, tries to run away from imaginary evils, catches at the air, picks at his clothes. Sometimes he appears to be drawing out imaginary threads from the ends of his fingers and he performs various other ludicrous antics. In the second stage we find this delirium merging into complete drowsiness, stupor, utter insensibility and stertorous breathing. In the third stage the lost consciousness slowly returns or insensibility turns still profound ending slowly in death.

On post mortem examination we don't find much change except congestion of the vessels of the brain and its membranes, congestion of the lungs and a great flaccidity of the heart. Sometimes we notice marks of diffused inflammations about the stomach. The choroid plexus too suffers from a similar congestion.

Strammonium is very rich in mental symptoms ; but the one that I deem most important is its desire for light and company.

Whenever the patients are alone and in the dark, a sort

of inconceivable horror passes through them. This desire for company is more strong at night time and during menses, when they can scarcely live alone. Other remedies with a similar peculiarity are Ars., Bism., Kali c. and Phos. ; but they have all their points of difference and I will touch them in passing as I go on.

In Ars. and Phos. there is not only a desire for company but aggravation of all the troubles during solitude.

Kali c. desires company and when he gets company he treats them almost outrageously.

Sepia is another remedy which, on the other hand, has an exactly opposite symptom. She cannot stand company ; she must be alone and it is only when alone that she feels relieved. Ambragrisea we must not neglect to mention, for she has a feature quite similar to Sepia ; she hates the presence of strangers but she hates it most when she is passing stools.

The symptom of Stramonium that I will talk about now is as important as the one just mentioned—I mean the beseeching and the praying attitude we so often meet with in young women with suppressed menses. I have seen girls who are naturally far from a religious bent of mind, turn overpious on such occasions. They sing pious songs, solemnly utters words of wisdom and even delivers sermons of great virtues. Even their attitude is one of supplication and prayer. They lie on their back with their knees flexed and their hands joined together. This symptom has often been the basis of the administration of this remedy in cases of typhus with delirium. These patients in their unconscious delirium jerk up their heads from the pillow and then drop them back again, carrying on such process for a long time. Very often they will see ghosts, strangers and animals. Delusions of fancy are not uncommon. They

think they are very tall and other objects around them are small and dwarfish. They feel as if they are on an elevation. It is not the impudent pride and self-conceit of Platinum that we find here, but a simple sense of physical largeness. I have forgotten to mention that in puerperal fevers and mania these patients get many absurd ideas, such as, they are double, as if some body is lying in the same bed with them, as if they are cut into two halves. Such absurd fancies are also to be seen under Bapt., Valer., Petr., Anac. and Lac-can.

There is another important point that I must mention, on which once I cured a very bad case of delirium. I entered the sick-room, but lo ! there was no patient to be found. The bed was there and on one corner was the quilt all heaped up in a bundle. On enquiry I found that the patient was concealed in that mass of quilt. Then when the quilt was removed and the patient exposed to view, he looked very frightened and scared. His eyebrows were knitted and he kept looking intently at me till at last he broke out into a scream and grasped at his sister who was near by for protection. The patient presented some of the other symptoms mentioned above and the prescription was easy to make and he was cured.

For coma and convulsion we use Stramonium when we find a great brightness of the eyes, dilated pupil, twitching of the hands and feet, automatic grasping of the hands towards nose, ear, etc.

Another feature of our Stramonium patient is loquacity. She is babbling all the time ; there seems to be no end to her talking. There are a few other remedies, such as Lach., Podo., Hyos., Teucr., Bar. c., Calad. and Selen., where also we note a similar garrulity, but a confusion is impossible to the conscientious homeopath who takes the trouble to differentiate between them.

Our Lachesis patient seems to suffer from an overflow of ideas. As soon as she is finished with one subject, she passes off to another scarcely giving her audience chance to speak or ask her anything. Like Stram. and Baryta. c. this talkativeness in the Lach. patient is worse during her menses.

Podophyllum is talking, but this talkativeness is chiefly marked during the stage of chill.

Teucrium is a remedy where the talkativeness is most marked during the stage of heat.

And for talkativeness during perspiration we have Calad. and Selen.

The next feature that we will discuss just now is painlessness which is a great point with Stramonium. Whatever may be the ailment with this patient, he seems to be free from pains except in hip-joint disease where the pain is very intense.

The diarrhoea under Stramonium is a painless one. The stools are black and very offensive. I cured a case of cholera a while ago but yet not so long as to elude my memory. I made a brilliant cure with Stramonium. The poor patient was suffering from cholera and it was a cholera of the worst type. His stools were very frequent, black, almost jet-black, and offensive. His doctors (allopathic practitioners) pronounced his case hopeless and asked his relatives to be prepared for the inevitable. Then as a last resource, like the last attempt of the drowning man to catch at floating straw, the homeopath was called. To my utter disappointment, as soon as I entered the sick-room hiccough supervened. His almost overwhelming and rapidly increasing debility would have left little chance of prescribing, had it not been for the timely administration of Stramonium. The remedies that we naturally hit upon in such a case are Arsen., Brom., Lept., Merc., Op. and Verat.

They all have black and offensive stools, but in none do we find hiccough so prominent as under Stramonium. Stramonium covered the case and Stramonium cured it.

Our Stramonium patient is a bundle of nerves. He is prone to all sorts of nervous disorders. Convulsions, hysteria, chorea, epilepsy, catalepsy are all very common. They are all aggravated by the sight of bright dazzling objects. The spasmodic motions of Stramonium are characterized by gracefulness. Very often these convulsions are accompanied by consciousness. Sometimes when drinking or even on attempting to swallow liquid he is thrown into violent convulsions. Bell., Lyssin and Mur. ac. are a few of the others with a similar characteristic aggravation from bright light and shining objects.

• It is one of the best remedies we have in hydrophobia, because it presents many of the symptoms of that disease.

Stramonium is also indicated in locomotor-ataxia. The patient cannot walk in the dark or with his eyes closed. He reels and falls as if intoxicated on attempting to do so.

Stramonium is good for all kinds of fever,—typhoid, typhus, quotidian, double quotidian etc., when the indications are there. There is no thirst during chill, but during the stages of heat and sweat he feels parched and dry. It is a chilly patient that we have to deal with in Stramonium. The chill begins in the back and extends over the whole body. Hands and feet turn cold, blue and almost immoveable. Gradually his face gets flushed up, eyes get half closed and his pupils dilated. During heat the patient very frequently starts and jerks. Sweat intermingles with the heat and even during these stages the patient covers up closely like Nux-vom.

We must say a few words about the difficulty of speech of this patient. He utters only single, inarticulate sounds and

that with great difficulty. He has got to exert himself a long time and he makes faces while doing so which makes his audience laugh.

Euphrasia has got a peculiar kind of stammering ; while speaking he recommences many times not only repeating the first word of his sentence but even when finished he begins again with the same sentence.

Cicuta can articulate the first few words of his sentence without difficulty, but while speaking the rest, he collapses.

Zinc. met. has got what is known as the echo speech. The patient repeats in a monotonous way the words and sentences he hears. He has very little or almost no control over this. He is not even conscious of his sing-song habit.

Spigelia suffers when he begins to speak, for all his difficulties are at the commencement. After he utters the first few words with difficulty the rest comes on smoothly and well.

(*To be continued.*)

STUDIES IN REGARD TO THE ACTION OF QUININE ON THE MALARIAL PLASMODIA—I.

BY CONRAD WESSELIHOEFT, 2ND, M. D.

*From the Pharmacological Laboratory of the Evans
Memorial, Boston.*

INTRODUCTION.

The beneficial effects derived from quinine administration in malaria have long been recognized by the medical profession. The early authors attributed the curative action of cinchona in intermittent fever to be due to the cathartic or antipyretic properties of this drug. In 1790 it occurred to Hahnemann that these properties did not explain its specific action in malaria. Seeing in the effects of cinchona on the

healthy individual a similarity to the symptoms of the disease which it cured, he evolved the idea that the beneficial action derived from this drug in intermittent fever was due to the arousing of the vital forces. Thus he was the first to advance the theory that cinchona acted indirectly rather than directly against the disease. In 1867 Binz¹ inferred from his discovery of the antiseptic property of quinine that its curative action in malaria depended on this property to destroy certain lower forms of life. Later when Laveran discovered the plasmodia to be the cause of the disease, Binz advanced the theory that quinine acted on the plasmodia in the same way that it acted on the leucocytes.* This was backed up by observations of Laveran and others who noticed the death of the organisms when immersed in a strong quinine solution outside the body. Consequently the followers of Binz's theory continue to ascribe the cure of malaria by quinine to a direct paraciticide action, while the followers of Hahnemann's theory continue in the belief that this curative action is due to increased activity through the pathogenetic similarity of the drug to the disease. It is fitting, therefore, that the homeopathic school of medicine should take up investigations regarding this subject instead of leaving this problem, which bears so strongly on the fundamental principle of homeopathy, to that school of medicine which denies the value of homeopathic therapeutics. The question which presents itself is whether quinine acts directly or indirectly on the parasites. If it acts directly we must expect to find this drug exerting the same destructive influences on plasmodia outside the body as is observed on these organisms when quinine is administered to the patient. That quinine in doses of .05 G or $\frac{3}{4}$ gr.

* Binz was the first to show that quinine caused a decrease in the movements of the leucocytes.

every two hours can prevent further paroxysms, and can cause the destruction of the plasmodia and their disappearance from the peripheral blood in cases of acute malaria, has been demonstrated by our clinical researches which will be published at a later date. Our task, therefore, has been to observe the effect of quinine solutions on plasmodia taken from such malarial patients prior to the administration of the drug.

PREVIOUS WORK.

In 1881 Laveran² found that the addition of a 1-1000 solution of quinine to malarial blood under the microscope caused the immediate cessation of motility in the plasmodia, which was followed by their death. Grassi and Faletti,³ on the other hand, found that the plasmodia succumbed as quickly in controls of normal saline as they did in the quinine solution. Binz¹ explained this by stating that sodium chloride was also a poison to the plasmodia.

La Monaco and Panichi^{2 4} studied the action of quinine on the plasmodia in hanging drop preparations of malarial blood. They found that weak solutions caused swelling of the parasites and a stimulation of the amœboid motion, medium solutions greatly increased amœboid activity and migration from the red cells, while strong solutions caused contraction of the protoplasm of the plasmodia and their death. Capograssi⁴ showed that this migration can take place in a similar hypotonic solution of sodium chloride containing no quinine, and that if the solution is isotonic this migration is not apparent, but that the presence of quinine caused the parasites to lose their motility and to take on an opaque appearance.

Rosin,⁵ after a careful morphological study of the malarial parasites, made observations on malarial blood to which a quinine solution of 1 : 5000 had been added. He states that at the end of ten hours he was unable to observe any effect

on the motility which could be attributed to the quinine. Rosenbach^e confirmed these experiments, concluding with Rosin that the specific action of this drug in malaria must be due to some other cause than a direct paraciticidal influence as inferred by Binz, Laveran and their followers.

REPORT OF THE AUTHOR'S EXPERIMENTS TO THE
PHARMACOLOGICAL DEPARTMENT.

Work was begun in this laboratory on May 15, 1912. The problem undertaken was to determine the effect of quinine in different solutions on the malarial plasmodia. Daily experiments were made in connection with this subject with varying results. Owing to the fact that we were quite inexperienced in dealing with a problem involving a knowledge of hæmolysis, the chemistry of isotonic solutions, and the morphology of plasmodia, a considerable amount of time had to be spent in reading up the literature, in observing normal blood in isotonic solutions and in solutions not rendered isotonic, and in studying the morphology of the plasmodia. In these we received the most generous aid from Dr. Rowe, Dr. Watters and Dr. Nowell.

(*To be continued.*)

Correspondence.

To the Editor,

Indian Homeopathic Review.

SIR,

Referring to the article *Hydrocotyle Asiatica* in the *American Homeopathic Pharmacopœia*, I venture to offer a few observations in the hope that they will attract your attention and that of the pharmacutists and physicians of the homeopathic school to the

subject and lead to such action as may be deemed necessary for further investigation.

In the treatise called "The Materia Medica of the Hindus" by Dr. Uday Chand Dutta, published in Calcutta, and in the Dictionary of the Economic Products of India by Dr. Watts, *Hydrocotyle Asiatica* is described as identical with the plant called 'Mandukaparni' in Sanskrit and 'Thalkuri' in Bengali. The description, as given in the Am. Hom : Pharmacopœia, corresponds with the plant as found in Bengal and used by the Bengal physicians of the Ayurvedic School in their medicinal preparations, so far as the structural aspect is concerned ; but it differs as regards the taste, that of the green plant not being pungent bitter, but flat and of a nondescript character. But from the process of extracting the medicinal properties of the plant in the dried condition, as recommended in the Am : Hom : Pharmacopœia, it would appear that much of its virtues must be lost. The plant is found here in Bengal ; and it is very common in the margins of marshy lands, is tender and juicy, and when dried is apt to lose much of its essential properties. The most effective mode of treatment would appear to be as laid down in article 267 of the Organon of Medicine, from the expressed juice of the fresh plant. If you care to have a few ounces of the fresh juice preserved in spirit, I shall be glad to send it to you for any use you may like to make of it.

In the Ayurvedic (i. e. the Hindu) system of medicine, the plant enters into the composition of medicines prescribed for leprosy, pallor of the skin, urinary disorders, deterioration of the blood, cough, effects of poisons, dropsy and fever. In empirical domestic use it is found efficacious in dysentery and aphthous sores and even in cancrum oris. In the last two it is used as an external application.

Yours &c.

PABNA.

PRAMDA PRASANNA BISWAS,

10. 2. 13.

Homeopathic Physician.

THE INDIAN HOMEOPATHIC REVIEW

**A monthly journal of Homeopathy and
collateral sciences.**

**The knowledge of disease, the knowledge of remedies and the
knowledge of their employment constitute medicine.**

—HAHNEMANN.

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[No. 4.

IDEAL CURE.

Cures of the sick have been effected in various ways, but ideal cures are performed only by means selected according to the method promulgated by immortal Samuel Hahnemann. In his admirable work—the true exponent of the law of cure—the “Organon,” Hahnemann laid down that “the physician’s high and only mission is to restore the sick to health and that the cures should be rapid, gentle and permanent restoration to health in the shortest time and in the most reliable and harmless ways.”

This implies what the physician’s aim should be. He is required not only to give relief to patient’s suffering but to restore the natural order of health. According to Hahnemann the disorder of the vital force is disease or sickness and as long as this disorder is not corrected in a permanent order, no ideal cure is performed. When the recovery is permanent, when there is no relapse, the patient is restored to his former health and this is called an ideal cure. We have,

times without number, observed that in cases of intermittent fever, the paroxysms are put down by big and repeated doses of sulphate of quinine and no permanent cures are effected. The poor patients suffer from frequent relapses and endless, modified symptoms of his disease. Though recovery takes place for the time being, no ideal cure is effected.

In speaking to an allopathic friend sometime ago I remarked—"You know not the beauty of a cure. You cure intermittents by big doses of quinine, but that even requires time and repetition." The cure of these cases by homœopathic means is simply marvellous. If it is a quinine case, if the symptoms of the disease correspond exactly to the symptoms of the medicine, the cure is quick, and permanent, so much so that a single dose of the high potency is sufficient for a cure and this is the ideal cure,—not interrupted by relapses or verified symptoms of the disease.

This is not my idle talk or vain assertion. I have repeatedly seen this in practice. A single dose of quinine in the 200, 500 or 1000 potency cuts short the paroxysm and the whole disease in its entire extent. If you want to see it, you can repeat the experiment according to the rules laid down by Hahnemann. On one occasion, a young man had several attacks of malarious fever off and on for a year and a half. He took a large quantity of quinine and also other allopathic and Kabiraji medicines. He presented exact symptoms of Sulphur when he came to consult me. I gave him a dose of Sulphur c.m. and he had no more paroxysms. An elderly Mahomedan lady suffered from repeated attacks of malarious fever with pains over the whole body, bilious vomiting, much gastric disturbances and hard chill. I cured her with a single dose of Eupatorium perf. 200. Her husband was charmed with this prompt action of my medicine. She took allopathic medicines for over a week. Can quinine or any other allopathic

medicine cure such cases so promptly and permanently. These are ideal cures.

I must confess that we often face difficulties in effecting such speedy and permanent cures and it must be borne in mind that there are several causes for it. One and most prominent among them is the lack of proper knowledge for the selection of the right remedy. This is certainly a blame to the homeopathic physician. He is not up to his materia medica and the repertory, the close study of which gives him the sure clue to the selection of the right remedy. "When the medicine is selected strictly according to the law laid down by Hahnemann, the physician should also know how to administer the remedy, when to repeat and what potency to give. These require the knowledge of the law of cure and an experience in the bedside of the patient. Dr. Waring says: "The indicated remedy never fails in curable cases, but the doctor fails continually when confused by this common error. He gives repeated doses of the single medicine; or changes the remedy too soon saying nothing about alternation or the compound tablets which are not entitled to the back-door entrance to homeopathic practice."

There are other factors in our way for an ideal cure—that is, the habits and environments of the patient. When our well selected homeopathic medicine removes the disease, it is the duty of the patient to maintain this condition by his mode of life, his food, rest and other hygienic rules of life. Unless he is alive to this fact, his health cannot be permanently restored. This is a great cause for relapses. Dr. Waring again says—"To live a life in conflict with nature's efforts to maintain health is a slow but certain suicide. The demands of society, fashion, business, the false habit of eating and drinking, sleeping and breathing, the damnable curse of drugging habit, including intoxicating

liquors and tobacco, the false and wicked sexual life of both married and single, are few of the many flagrant and constantly increasing barriers to the ideal cure."

If you can regulate your life to the standard of nature, and take as least medicine as possible when invaded by disease, your recovery from illness will be permanent and durable. There are other factors which tend to retard the ideal cure. There are diseases and conditions which are hereditary, which we get from our parents. These require constitutional means to combat with. In the cure of these conditions great care is necessary to select the proper remedy on the part of the physicians, and keep patience and perseverance on the part of the patients. Unless this is done, no cure is possible. Heredity is a great thing for a patient to get rid of. Fortunately we have in store many homeopathic remedies to eradicate this, provided the patient has patience.

TYPHOID FEVER.

I.

Babu...Dutt's son, aged 23 years, robust and healthy, father living and of scrofulous constitution, mother of fair complexion and generally healthy, had an attack of fever on the 29th of July, 1909. Notwithstanding vigorous allopathic treatment fever increased steadily every day. Morning temperature was 101° and evening temperature 103 F.

Great soreness and pain over the entire body.

Bowels, at first, was constipated, but later on diarrhoea set in.

I was called on the 10th day. There was fever with delirium and tympanitic distention of abdomen. Diarrhoea with green watery stools ; high temperature, lying on the back

with hands under head. Tongue dry and coated yellow. There was soreness in body, and on trying to turn him on the side he expressed anguish and showed peculiar painful appearance of the face. Did not like to be disturbed. On asking a question he answered after a while by gestures. When called to put out his tongue, he did it after a minute, the tongue trembling.

Nux Vom 30, one dose in a spoonful of water, followed by Lycopod 200 in solution, three times a day. Milk and soup and other nourishing food of the allopaths were discontinued and no food was given the whole day.

10th August. Morning temperature 101° 6 F, and evening temperature 103° 5 F. Bowels moved three times, abdominal distention less. Eyes half closed, delirium, muttering continued unabated.

The same prescription continued. Bowels better, but delirium and a little drowsiness supervened.

Arnica 200, morning and evening.

12th August. Temperature the same as yesterday and day before. Could not recognise anybody. Bowels better. Delirium. No medicine the whole day. By the importunities of patient's friends and relatives to give some nourishment, I ordered barley-water with salt and a few drops of lime juice.

14th August. Better this morning, temperature highest in the evening—102° F. Delirium less, could recognise his mother and asked for more food. Some barley-water was given.

16th. Temperature was going down but the abdominal symptoms were aggravated. Abdomen puffed up, complained of soreness over it, there was some gurgling on pressure, stools like pea-soup, very watery, mixed with bloody clots. No food given today, even barley-water was stopped. Stinking smell of the stool. Temperature—morning 101, evening 102° 5 F.

Pyrogenium 200, one dose in a dessert spoonful of water,

18th. Morning temperature 100 F. Evening 101 F. Abdominal distention gone, two stools in twenty four hours, of normal consistency and smell. No more medicine.

He was convalescing after the 21st day of fever. Continued to give barley-water sweetened with loaf sugar as food for sometime.

He made a perfect recovery in the course of a month.

II.

Babu...Sen, aged about 25 years, healthy looking young student of the Calcutta Medical College, had an attack of Typhoid fever on the 7th of June, 1906. As expected he was under the treatment of the best allopathic doctors of the city. His condition became worse under such medication. Temperature grew very high, bad kind of brain symptoms developed and abdominal conditions became very much worse. Under these circumstances the Principal and the first physician of that College hospital was called in consultation. Vigorous treatment was going on until hemorrhage from the bowels took place. At this juncture the said physicians declared the case to be hopeless and nothing in this world could save him from death was the opinion expressed.

I was called by a friend of his who had strong faith in homeopathic medicines. I saw him in high fever, with delirium, constant muttering, subsultus tendinum, complete prostration, small pulse, thready and very frequent, extremities cold, movement of the head from side to side. Abdominal symptoms were very bad. Tympanitis, tenderness over the whole abdomen, especially in the iliac region, stools consisting of blood, black and tarish in consistency, highly offensive, very frequent and quite copious, almost involuntary; tongue dry and red. Belladonna 30, one dose every three hours.

No improvement the next morning, only the number of stools was not so frequent, but their character remained the

same. All kinds of nourishment that were given by the homoeopathic doctors were stopped by me from the beginning, only barley-water was given.

Condition of pulse gave me alarming hints ; it was thready and sometimes intermittent ; breathing seemed to be heavy and difficult.

Lachesis c.m. one dose in the morning with plenty of placebo every two or three hours.

Next day he was somewhat improved. Stools were not so bloody and frequent, abdominal distention relieved and fetid smell much reduced.

Another dose of Lachesis c.m. was given at night when the pulse almost vanished. From 2 A. M. the condition of the patient was much improved. Breathing better and the state of the pulse was so much improved that I expected a recovery.

Friends and attendants of the patient prevailed upon me to give him some nourishment, but I resolutely refused to comply with their request. I thought any indiscretion in food would bring on a fatal perforation of the intestines and sure death. I gave him barley-water sweetened and nothing else.

No more medicine was needed and he made a perfect recovery in time. In this case, I believe, the physicians of the Medical College heard of his cure under homeopathic medication and this, I believe, was a lesson to them that there was something that could cure this young student of their College.

MAGNES AUSTRALIS.

THE MAGNET.

Hahnemann prepared medicine from magnets by spreading sugar of milk to the pole of a magnet and from that trituration and subsequent potencies were prepared.

These preparations were subsequently used in medicine

both in high and low potencies. We give below the symptoms in schematic form.

Mind and Disposition :—Violent anger. Wild, vehement, rude, both in language and action. Unsteadiness of mind ; the patient is unable to fix his ideas ; things seem to flit to and fro before his senses as if he could not appreciate or look at them with necessary attention.

Vertigo.—Vertigo, he is obliged to stagger. Staggering and swaying when walking.

Head.—Rush of blood to the head without heat.

Fire crawling in the brain.

Creeping in the brain, not of the nose and temples.

Headache from mental exertion.

Eyes.—Lachrymation. Painful smarting, dryness of the eyelids.

Face.—Sensation in the face (and in the rest of the body) as if cold air were blowing upon it.

Nose.—Sensation as if cold air were blowing in it.

Teeth.—Toothache, aggravated by warm beverage.

Tearing, jerking in upper jaw towards the eye or tooth, stitches in hollow teeth.

Mouth and pharynx —Putrid smell from the throat, early in the morning. Difficulty of speech. Accumulation of saliva in mouth.

Taste and Gastric symptoms.—Indifference to eating, drinking or smoking.

Canine hunger in the midst of feverish chilliness.

Excessive appetite for supper.

Stomach and abdomen.—Pain in stomach, as when one presses upon a bruised spot.

Pressure upon the stomach from mental exertion.

Genital and urinary organs.—Drawing and jerking in the spermatic cord.

Spasmodic drawing up of the testicles.

Violent excitement of sexual desire.

Impotence ; the voluptuous sensation is suddenly arrested, the semen is not emitted and the penis becomes relaxed.

Nocturnal emissions from weakness of the genital organs.

Incontinence of urine from weak sphincter.

Dribbling of urine with lack of sensation in the urethra.

The stream of urine is weak.

Female genital organs.—Menses too early and too profuse, light colored and watery. Metrorrhagia.

Respiratory organs and chest.—Slow loud wheezing expiration before midnight and the same inspiration after midnight. Deep inspiration, with involuntary deglutition (as is generally the case in sobbing).

Shortness of breathing in the pit of the stomach.

Pressure of the chest with anguish.

Palpitation of the heart.

Back and upper extremities—Heat in the back. Pain in the small of the back.

Sense, as if rumbling and gurgling, down the arm.

Panaritium with pulsation in finger tips.

Lower extremities.—Paralytic drawing in the legs. Soreness as if the nails had grown into the flesh (ingrowing toenails.)

Easy spraining of the ankles.

Varicose veins of the pregnant.

General symptoms.—Sensation of cold wind blowing on the entire body.

During slight coldness of air nose, ears, hands and feet freeze ; in a warm room they feel hot with creeping and itching in the parts.

Jerking and drawing pains here and there.

Pains as if bruised on the side on which he does not lie, sensation of heaviness.

Sleep.—He was unable to sleep before midnight although sleepy.

Rever.—Warmth all over.

Great aversion to open air.

Heat constantly predominates.

P.

ALLOPATHY VS. HOMŒOPATHY.

The following is from *The Medical Times* for Jan :

"Says Benjamin Moore in 'The Dawn of the Health Age' along these same lines : 'The medical profession sadly requires to have some dignity put back into it by being made a truly teaching profession. 'Medicines must be given sometimes, but at the same time it doctors could see their way to give one-tenth the present amount of drugging and ten times the present amount of teaching it would be better for both the world at large and the self-respect of the medical profession.' Less drugging and more teaching is a slogan by which to conjure."

From the same issue of the *Times* we quote :

"We usually bring illness and disease upon ourselves by irrational living."

The word "allopathy" means "opposites." If the patient suffers from a fast beating heart it gives medicines that will forcibly slow down the heart ; or, if the heart is below the normal, something that will make it beat faster. Making a slow heart beat faster by means of drug power does not touch the cause. It is to give a "physiological dose"—which is a mild term for a poisonous dose—a dose that animal experimentation shows will whip up or slow down the heart, or do anything else *opposite* to that from which the patient suffers. That is allopathy.

Now, to do this it is inevitable that the dose must be a "physiological dose," i. e., one that by drug power will effect the change. In other words, it must be one big enough to produce the "physiological" effect. Not any of the medical faculties can get away from this conclusion because it is plain to every one.

These gentlemen have a rather vague theory that it is "germs" that *cause* all disease, but that at times they see the folly of this is shown in the above quotation reading: "We usually bring illness and disease upon ourselves by 'irrational living.'" What has "irrational living" to do with the accidental entrance of a germ, the *cause* of the disease, in their scientific lexicon? Just ask that of yourself.

These men, as a class, are a brainy set of men, but mislead by a theory which they were taught to regard as "science," an assertion that is, in a manner, proved by the first quotation concluding "less drugging and more teaching is a slogan by which to conquer." Less drugging is a needed reformation, but there is no use "teaching" until the truth can be taught, and that, in first principles, will be found, medically speaking, in Hahnemann's *Organon*, which physicians and laymen alike can read with profit.

Homeopathy is the direct opposite of allopathy—which term is not used in derision but in the purely scientific sense, for, as shown above, their drug system is to produce opposite effects. Homeopathy gives infinitesimal doses of drugs that will produce the *same* effects when given to the healthy in physiological doses. Hence the word Homeopathy, "similar;" allopathy, "dissimilar." How does it act? God alone knows! We can only follow God's own words, "By their fruits ye shall know them." The statistics of a century demonstrate that the fruits of Homeopathy are *much* better than the fruits of allopathy. But man too often possessed

by the idea that when disease grips him, he must receive drug blows equal in severity to the blows of the disease—and he gets 'em in the "stong" drugs by mouth, or the concentrated effects of the hypodermic syringe. Over-stated ? Why in old times he meekly let his gums rot and his teeth drop out, or had his life current drained away by the medicine of that day. And to-day ? Well, for one of many things, he just as meekly lets all sorts of things—concentrated drugs, diseased tissue, or juices, from abnormal animals and the like—be put into his blood under the idea that it will "do him good"—and it does.

How does the physiological dose act ? God knows. Those who give it know there is a certain action, but *how* they do not know, any more than does the homeopath know *how* his drugs act.

—*Homeopathic Envoy.*

News and Notes.

Calcutta Homeopathic Society.—The last meeting of this society, we are sorry to say, was very poorly attended. Some of the doctors were out. We hope our future meetings will be well attended. Our learned president Dr. Amrita Lal Sircar is doing much for the improvement of this society.

Hahnemann anniversary.—The birth-day of Hahnemann was celebrated as usual on the 10th of April at the residence of Dr. J. N. Ghose, 65-1 Beadon Street, at 5-30 P. M. There was a large attendance of physicians both homeopathic and otherwise, and also a large number of the doctor's lay friends. The house was nicely decorated and light refreshments were served. The doctor's brother and some of his friends attended to the guests. There was music also. Among those present we noticed Drs. P. C. Majumdar, D. N. Roy,

J. N. Majumdar, G. L. Gupta, S. Goswami, A. N. Mukherjee, Y. M. Bose, R. G. Kar, A. M. Bose, W. Younan, K. L. Bagchi, N. M. Choudhuri, J. C. ROY and many others.

We regret that there was no celebration by the Hahnemann Society which usually holds its meetings once a year on the day of the birth of the Master. There was also no meeting in the Homeopathic Hospital.

There were many American tourists in Calcutta on Hahnemann's Birth-day and one of them Dr. Kerwin, Associate Professor of Hahnemann College, Chicago, visited the Calcutta Homeopathic Hospital.

There was a very large attendance of patients also in the Hospital on this day. Thus passed the day of the birth of the founder of homeopathy, a day that is generally held in reverence by all the followers of Hahnemann all over the world.

J. N. M.

Change of climate—When a physician cannot cure a case or cannot bring about a favorable change in the condition of his patients, he advises him a change of climate. Mere change to a better climate cannot possibly eradicate a disease, but when the disease is about to be cured, change helps to invigorate the constitution and gives the patient blood and strength.

Dr. H. C. Allen says about change of climate in the following words—"A climatic change very often will remove an exciting cause of a constitutional ailment, but rarely, if ever, has any effect in eradicating the constitutional diathesis. Patients troubled with pulmonary tuberculosis in the Northern or Eastern states may remove to the elevated plateaus of the West, where the drier and more rarified atmosphere may remove the irritating causes of pulmonary troubles, but the disease is pretty certain to crop out in some other form

affecting other organs. Such patients may never die with pulmonary consumption, but some other organs may be affected with an equally fatal disease, for they carry the diathesis with them."

Such patients are to be treated constitutionally with our best antipsoric remedies indicated by the symptoms of the case and when they are about to get rid of their constitutional taint, they are then to be sent for a climatic change.

Mineral remedies should be avoided in the suppurative stage of consumption for they very often cause fatal aggravation.

Habits &c.—Certain habits and ways of living on the part of the patient often act as unfriendly to the action of the remedy selected. Diseases are seldom cured by the indicated homeopathic remedy where the cause is constantly at work.

The Scientific.—Some homeopaths always clamour for scientific recognition of Homeopathy. To effect this end they even want to discard the principles of homeopathy. In speaking of this an enthusiastic homeopathic physician of America says—"Judged by the canons of modern science, rightly so called, Hahnemann and his co-workers have nothing to fear and nothing to hide. They are as fresh and as true to-day as they were a century ago. They are scientific because Hahnemann, like his great philosophical progenitor, Lord Bacon, founded his system on the principles of inductive philosophy, which is the basis of all modern science worthy the name."

Tuberculinum.—Tuberculinum is a great and far-reaching remedy. It is not only useful in cases of tuberculosis but many other so-called incurable diseases are amenable to

its action. Inveterate headache has been cured by it; so nervous prostration, chronic tubercular diarrhoea, sprue, incurable seminal emissions and many other affections of like nature. Malarial cachexia has also been removed by it.

Milk supply.—The supply of pure milk is getting scarce every day and the day will come when pure milk will be a word of the past. The western nations care very little of milk supply as they seldom take milk as an indispensable article of food, but oriental nations consider milk absolutely necessary for the preservation and maintenance of life and health. We advise all to keep a cow in the house, so that their milk supply will be ample and pure.

Glonoïn.—It is a very useful remedy in shock and its effects—sudden attacks of terror, so that he does not go into the street.

Orotalus-Hor.—It is a very efficacious remedy in cases of jaundice. I used it even in desperate cases of icterus in cirrhosis of the liver in children.

Coccus Cacti.—Urinary calculi with violent colic, hematuria, large deposit of uric acid and of urates, pains lancinating extending from the kidneys into the bladder.

Recently I cured an old man suffering from hematuria with excruciating pain. There were considerable urates and blood cells in the urine.

HINTS.

Calendula ointment is an excellent thing for chapped and cracked hands from which so many suffer in cold weather. Wash the hands clean before going to bed with warm water and soap and then rub in the ointment.

Another good application for chapped hands is *Succus calendulae* ; it has the advantage over the ointment of not being smeary. It is also a good thing to keep in the house, or on the toilet table, all the year round, as it is wonderfully *healing* in all skin injuries. As it is purely vegetable and *not* poisonous, it can be applied direct without dilution. In bleeding wounds keep the bandages saturated with it.

The quickest way to stop nose-bleed is to snuff up a little *Hamamelis*, or as it is more popularly known, Witch Hazel.

The Cello Metal Hot Water Bottles are the most convenient means of applying heat we have yet seen ; "up-to-date" as it were. Easy on those who have the care of invalids and grateful to the afflicted one. They are also excellent bed-warmers.

A string of genuine amber beads delights the average little girl by their real beauty, is quite inexpensive, and there is a belief, going back into the far past, that the wearer is protected by them from throat diseases. Some deride this notion while others say, from experience, that after beginning to wear the beads the child "had no more throat trouble." At any rate they make a pretty necklace.

Dr. Redmondino said : "The American will never know a slick and unruffled skin and a healthy, optimistic, full-fledged, primitive and natural digestion with its full tide of health until he returns to the proper admixture of olive oil in his diet." The olive, and its oil, is classic, and if you want to use it you should get a first class oil.

There are three and sometimes four "pressings" of olive oil, all pure. The first run is the richest, the cream, so to speak. The second is to be compared with the skim-milk, while the third and fourth are still poorer. This accounts for the variations in price even though each oil is unadulterated.

If you have had a broken bone and suffer more or less pain at the break even though years have passed since the healing, get a vial of *Symphytum* 3 and take a dose of 6 or 8 pellets occasionally, and an ounce of the *Symphytum* mother tincture of which gently rub a little on the painful area. This has given relief to many sufferers.

An ounce vial of "*Tartar emetic syrup*" is a good thing to have at

hand where children suddenly "fill up with phlegm," or seem "full of phlegm," gasping, choking or the phlegm rattles as they breathe. It is equal in strength to *Tartar emetic* 4x trit., but is given in syrup as a pleasanter vehicle.

Kali mur. 6x, tablets, is a fine remedy for all bronchial coughs, "colds on the chest," etc.

Kali phos. 3x, tablets, is a great remedy for chronic catarrh or offensive discharges. It is also a good thing for "neurasthenics."

If you, or the child, have "never been quite right since vaccination," get a vial of *Thuja* 30 and take a dose of it, 10 or 12 pellets, every other day for a week or so, and you will probably feel great relief. Indeed it is a good plan to take *Thuja* after every vaccination, as it guards against ill effects.

—*Homeopathic Envoy.*

STRAMONIUM.

(*Continued from page 92, No. 3, Vol. XXII.*)

Under *Stramonium* the secretion of the urine is either suppressed or becomes scanty, hence we find total absence of urine or sometimes only scanty urination. These are the conditions very often met with in cholera, pregnancy, nephritis and similar other diseases where we have to guard against uremic poisoning.

In such cases, *Stramonium* and remedies like *Canth.*, *Bellad.*, *Hyos.*, *Op.* and *Lactuca virosa*, form important therapeutic adjuncts.

In *Stram.* urination is accompanied by rigors and rumbling in the abdomen with symptoms of cerebral hyperæmia.

We resort to *Bellad.* and *Lact. vir.* if sopor is the most important feature of the case.

For acute strangury, with scanty or hot urine mixed with blood or albumen and voided drop by drop, we can think of no better remedy than *Canth.*

Kali bich. and Merc. cor. are two important remedies for suppression of urine. The former is mostly applicable for suppression following cholera.

Merc. cor. comes in for suppression of urine in albuminuria and other cases where the urine is thickly clouded with filaments and dark flesh-like pieces of mucus. The great tenesmus of the bladder, hot burning, offensive urine, great torture in passing the urine, are additional points for *Merc. cor.*

TANACETUM VULGARE.

[*Abortion, Coma, Violent convulsions, Epilepsy, Eclampsia, Dysuria, Amenorrhæa, Hydrophobia, Dyspepsia, Headache, Hysteria.*]

Tanacetum is a drug very rarely used but it is important nonetheless, for there are cases where it proves of very great use. It is indigenous to Europe and Central Asia. It flowers in July and August. The flowers are deep yellow and button-shaped. It belongs to the natural order of *Compositæ*. Its common name is tansy, a word which means immorality from the fact that the plant was mainly utilized for bringing on abortions. Most of the symptoms of this remedy have been obtained from cases of drugging with tanacetum, done with the intention of procuring abortions.

The fresh plant when in flowers is chopped and mixed with two parts by its weight of alcohol. It is strained and filtered after the usual period of eight days and we have the tincture.

When taken in big doses it produces almost all the symptoms of epilepsy, such as convulsions, frothing of the mouth, clenched fists, and so on. It has been used with success by Dr. Pierson in that disease.

He recommends drop doses of the tincture four times daily.

It produces certain strange symptoms of the mind. He assumes all sorts of strange positions and makes funny gesticulations—symptoms like what we find in hysteria and chorea. He wants to stand on his head; he stretches his limbs and draws them up again. Though his mind seems very clear, he is unable to accomplish anything. There is a sort of “laziness,” a malaise and an unconquerable desire to lie down and wait, that characterize the *Tuacetum* temperament.

It retards the development of the fetus in the uterus. One woman who took this drug to bring on abortion but did not succeed, delivered a child, at full term, of the size of a small kitten.

This remedy needs further proving and our study of its syntomatology will not be complete till a more thorough proving is done and the remedy used a little oftener.

USTILAGO MAYDIS.

[*Abortion, Menorrhagia, Metrorrhagia, Headache, Tonsillitis, Nocturnal emissions, Neuralgia of testicles, Spermatorrhæa, Amenorrhæa, Ovarian irritation, Climaxis, Labor-pains, Dysmenorrhæa, Ovaritis, Hypertrophy of the uterus, Vertigo, Alopecia, Orchitis, Masturbation.*]

This is a fungus that grows on the Indian corn; hence it is very similar to our remedy *Secale Cornutum*. Many symptoms are common to both these remedies. The affinity between these two drugs is more marked especially in their action on the female sexual system. It is also known by the names of Maize smut and Corn smut.

This fungus sometimes grows as large as an orange, very often larger. It is covered over by a surface of dark, gray or brown epidermis. On ripening this epidermis bursts. We make triturations as well as tinctures from this fungus. In making the tinctures we add five parts by weight of alcohol

to the powdered fungus. For the proving of this drug we are indebted to Dr. Burt of the U. S.

As I have said a while ago, the most valuable symptoms of this fungus are to be found in its action on the female generative sphere. It is a noted abortifacient. Dr. Burt administered two drachms of Ustilago to two pregnant bitch dogs and in both it caused abortion. Mention is also made of cows aborting fed on Indian corn infested with this parasite. (*To be continued.*)

STUDIES IN REGARD TO THE ACTION OF QUININE ON THE MALARIAL PLASMODIA—I.

(*Continued from page 95, No. 3, Vol. XXII.*)

' EXPERIMENTS BY MEANS OF THE HANGING DROP METHOD. '

Observations on the plasmodia in various strengths of quinine sulphate in watery solution were made from the first, along with the other work. Later we made up solutions of different strengths of quinine bisulphate, quinine hydrochloride, quinine citrate and arsenic trioxide and observed their relative effects on the malarial organisms. The department is indebted to Merck & Co for these salts, which they have supplied gratis for both our laboratory and our clinical researches.

For these experiments a drop of the solution was taken by a sterile platinum loop, and placed on a coverslide. To this drop was added a drop of malarial blood taken from the ear of the patient by means of the same platinum loop. The drop of solution was always very much smaller than the drop of blood owing to the density and consistency of the latter. The blood was mixed with the solution by means of the loop, and the coverslide then inverted onto a hanging drop slide; the edges of the concavity being sealed by cedar oil. This was promptly placed under the microscope, a malarial organism located and arranged in the centre of the field,

and observed in regard to the motility of the granules. By means of eight microscopes a series of eight such preparations, including controls, could be observed simultaneously. Owing to the mosaic floor of the laboratory and a very heavy and firm table for the microscopes we had very little difficulty in maintaining the original organisms observed in the microscopic fields. Observations were constantly made and noted at intervals varying from fifteen minutes to one hour. Definite periods for observation could not be carried out as the motility of the organisms varied considerably, and when the motility became doubtful an observation of from ten to thirty minutes on one organism was frequently necessary to determine whether the granules were actually in motion or not. Moreover, this was often such a strain on the vision that it was necessary to delay for some time before trusting to further observation. Motility of the granules could usually be plainly ascertained by a magnification of 475 times; in doubtful instances, however, it was necessary to magnify from 950 to 1530 times. In one of the series using four microscopes 132 observations were made varying from fifteen minutes to one hour and fifty minute intervals over a period of twenty-six hours and twenty minutes. For these experiments the plasmodium vivax of benign tertian malaria was used. The results varied so widely and were so unsatisfactory that we merely give the maximum duration of motility observed in some of the solutions used :

Solution added to malarial blood.	%alkaloid in salt used.	Temp. of room C.	Duration of motility.
1. Quinine citrate 1 : 1000 ...	67	23°—25°	28 hours. 10 min.
2. Quinine sulphate 1 : 1000	74	23°—25°	27 " 15 "
3. Quinine bisulphate 1 ₆ : 100	59	23°	0 " 35 "
4. Quinine hydrochloride 1 : 100.....	81	23°	0 " 30 "
5. Arsenic trioxide 1 : 100...		25°	0 " 35 "
6. Arsenic trioxide 1 : 1000		25°	3 " 50 "
7. Sterile water.....		23°—25°	27 " 30 "

This table deals only with organisms which were kept in the microscopic field from the first observations, consequently there could be no mistaking their identity. At other times when an organism became motionless and then underwent contraction or

disintegration, the field was changed. In this way we frequently found active and dead organisms in the same preparation which can only be explained by the greater resistance of some parasites, or by an incomplete mixture of the solution with the blood. This latter is an unsatisfactory explanation when we consider that when two organisms are in the same field one always dies before the other. Another perplexing condition is the persistency of the motility of granules in one part of an adult organism, while the remaining granules become motionless and remain so. Vaporization takes place in these hanging drop preparations as shown by the condensation of moisture on the convex surface of the slides. In a hypotonic solution this would tend toward isotonicity, thus favoring the organisms until this point was passed. The migration of plasmodia from the red cells was observed in a few instances, but it was by no means constant in hypotonic solutions. The primary increase in activity in the quinine solutions was apparently confined to the amœboid motions, the granules being no more active than in the plain blood preparations. After the amœboid motion became decreased the granules did not change their positions to any extent in the organisms, although they continued to "dance about" in their positions in a way which could never be confused with Brownian movement. That is to say that the granules in one part "danced about" each other and changed places, but a granule was never seen at this stage to migrate to the other side of the organism as is frequently observed in the fresh preparations.

Sixteen of these series were run through with such varying results that we must conclude that experiments along this line are of little value. Our conclusion is based on the following objections :—1. The ultimate strength of the solution of quinine in the mixture cannot be accurately determined as the platinum loop takes up different sized drops, and the solution is not always thoroughly diffused as shown by variation in hæmolysis in different fields of the microscope. 2. Vaporization takes place as shown by the condensation of moisture on the convex surface of the hanging drop slide, thus introducing the factor of partial drying as

contributing to the destruction of the parasites. 3. There can be no accurate control with such a technique, as pointed out by Binz, since sterile water, sodium citrate or normal saline added in this way form an unfavorable, if not a directly toxic medium for the plasmodium. Consequently when, in one series, plasmodia showed activity of the granules for twenty-eight hours and ten minutes in such a quinine citrate solution of 1 : 1000 and in such a sterile water solution for twenty-seven hours and thirty minutes, —long after hæmoly-sis had taken place—we can place but little confidence in these results. 4. The age of the organism at the time of the first observation can be only roughly determined by the time of the chill, and only very roughly by the appearance of the organism. Segmentation often begins one hour before the paroxysm and continues as long as two hours after the height of the paroxysm has been reached. This is borne out by our studies of smears taken at intervals previous to and following the chill. One smear from a simple benign tertian infection taken two hours after the height of the paroxysm showed three fully developed schizonts. This factor is important since it is claimed by many observers that the younger forms are more markedly influenced by the presence of the drug in the blood than are the older forms. 5. Although the process of segmentation was observed by us in several instances the merozoites liberated always became motionless within an hour in all solutions, and only had depleted red cells to enter, since hæmoly-sis was so far advanced by the time the segmentation took place.

It might be argued that these experiments were valueless, since the quinine did not come in direct contact with the plasmodia as the organisms under observation were protected by the cell membranes of the red corpuscles in which they lived. Such an argument is met by the results of the researches of Golgi,³ Romanowsky,² Mannaberg² and especially those of Marchiafava and Bignami² who demonstrated the effect of the administration of quinine by mouth to organisms at different stages of development in the blood. Their results show that organisms in all stages of develop-

ment already harbored by red cells undergo alteration, especially 'in that phase of their life history in which they are nourished and develop.' Moreover, according to Hedin,⁶ the alkaloids are capable of penetrating the erythrocytes on account of their property of being dissolved in lipoids, and also on account of a specific vulnerability the cause of which cannot be explained. This assumption of Hedin is not based on such accurate experiments by which he, Hoerber⁷ and others have demonstrated the permeability of the red cells to other substances.

In order to avoid the first two objections raised to the first experiments we collected the malarial blood directly into test tubes containing the different solutions, withdrawing the corpuscles by means of a pipette at given intervals of time. Here Hæmolysis began so promptly that this method was soon abandoned.

EXPERIMENTS WITH LEECHES.

Following along the lines of research advanced by Sacharoff⁸ and Rosenbach⁹ we allowed two leeches to gorge themselves on the arm of a patient with a simple benign tertian infection three hours before the onset of the paroxysm and previous to any administration of quinine. Immediately after removal of the leeches smears were taken from the blood coming from the leech bites. These smears showed comparatively few organisms, but these were mature. The leeches were promptly put in a flask containing ice and left in the ice chest. After twenty-four hours one leech was removed and placed in a similar flask containing quinine sulph, 1 : 1000 which was also left in the ice chest. Forty-eight hours after the leeches had been applied they were opened. The leech in the quinine solution was shrivelled, curled upon itself, and motionless. The blood taken from the gut of both leeches was dark, thick and of a stringy consistency. Fresh smears showed the presence of organisms in both cases in apparently larger numbers than were found in the smears taken from the arm at the time the leeches were applied. In both cases the granules in all the organisms were absolutely motionless. The stained specimens showed the same condition in the blood from both leeches ; namely, an apparent increase in the

number of organisms. All these were apparently at least twenty-four hours old, but by no means mature, and showed comparatively few granules. From this experiment we can only conclude that the organisms had undergone segmentation within the gut of the leech, and that the merozoites had gained entrance into the red corpuscles, but that development had ceased in about twenty-four hours, and that activity had ceased at the end of forty-eight hours. It is doubtful whether any quinine gained entrance to the gut. An interesting feature in this experiment was the fact that both the blood elements and the organisms took the Wright stain as well as fresh blood smears, although it had remained in the leech's gut for forty-eight hours. As the condition of both leeches was not the same at the time of autopsy, the degree of digestions in the two guts would differ, more especially if the autopsies had been postponed.

The experiment is worth recording since the results differed from those of Sacharoff², Hamburger³, Mitchell⁴, Blumer⁵, and Rosenbach⁶, these observers having kept the organisms alive in this way for forty-eight hours providing the leeches were kept on ice. The last named experimenter found that after the patient had been given fifteen grains of quinine in divided doses on the day previous to applying the leeches, that the blood from the guts of these leeches showed at the end of twenty-four hours rare plasmodia which were shrunken, held very little pigment and showed no movement. This, however, only demonstrates that the administration of quinine by mouth brings about a diminished vitality in the plasmodia, a fact already definitely established to be the case in the very large majority of malarial infections by clinical experience and laboratory findings. Our problem is to determine how the quinine acts: namely, whether it acts as a direct protoplasmic poison or in an indirect manner by promoting the body cells to react against the life of the plasmodia.

It might be worth mentioning that we attempted to feed leeches on malarial blood to which quinine sulphate 1 : 800 had been added in the relation of one part of quinine to four parts of blood. The blood was collected from leech bites and consequently was not

coagulated. The leeches so tempted, however, positively refused to ingest this diet, even though left in it for an hour.

EXPERIMENTS WITH UMBILICAL CORDS.

Our next step was to obtain fresh umbilical cords from the obstetrical department of the hospital through the kindness of Dr. Jacoby and others. The cords were ligated while distended immediately after the birth of the child. An area over the umbilical vein was cleansed by sterile water and alcohol, and three to six drops of blood freshly drawn from patients infected with the plasmodium vivax and not under the influence of quinine, were injected by means of a sterile hypodermic syringe. More than this amount could not be injected owing to the prompt coagulation in the syringe. This blood was then thoroughly mixed in the blood of the umbilical vein by running the cord back and forth through the fingers. The cord was then tied in the centre with an equal amount of blood at each end. To one end a quinine solution of a given strength was injected under aseptic precautions. Twelve cords were treated in this way with different strengths of the sulphate, bisulphate, hydrochloride and citrate of quinine. The cords were kept in the ice chest, since it had been previously determined by us that cords kept in the incubator or at room temperature caused rapid hæmolysis and putrefaction, or if not kept soaked in normal saline, underwent drying. At the end of twenty-four hours the cords were removed, run through the fingers to disseminate any local growths of the organisms, and a small portion at each end of the cord ligated firmly. From these ligated portions the blood was taken and fresh and stained preparations made. Another portion was ligated on the following and six successive days and smears taken in the same manner. The blood grew darker and thicker from day to day. The results were absolutely negative since it was never possible to isolate an organism from this foetal blood on any day from either ends of the cords either by fresh or stained preparations.

(To be continued.)

A SHORT LIFE OF THE LATE DR. G. C. GOSSAIN OF SERAMPORE. *

BY DR. DAKSHINARANJAN DUTTA.

The kind and noble-hearted Dr. Gopal Chandra Gossain is no more in this world. We are all gathered here today in this hall to mourn over the sad loss of that highly esteemed, well renowned, sincerely loved and venerable gentleman. It is our mournful duty to record the death of a distinguished colleague. He was born, in the year 1843, of a very respectable Brahmin family at Serampore in the district of Hughli. As was customary in those days, he received the rudiments of education in a Vernacular Pathshala. Then he joined Mr. Loui's school and subsequently the Serampore College, where, under the tuition of the well known Mr. Trafford and his able assistant Mr. Sampson, he greatly distinguished himself. Of Mr. Sampson he used to speak with the utmost reverence. He began life as a school-master in the Serampore college after reading up to the F. A. class, but as the emoluments attached to that post, were not sufficient to keep body and soul together, he joined the Calcutta Medical College where he had a singularly brilliant career. He was a winner of prizes and medals and finally passed out of the College with honors in Medicine and Surgery in 1869. At the convocation he was presented to the then Chancellor Lord Lawrence by the Principal of the College Dr. Norman Chevers, with another class-mate Dr. Ishan Chandra Roy who was cut off in the prime of life. Dr. Gossain settled down first as a private practitioner at Jonai, a populous village in the District of Hughli, where he soon became a general favourite. But owing to a stroke of severe illness in which his life was at stake, he had to leave Jonai for good. While at Jonai he became a convert to

* Read before a special meeting of the Calcutta Homeopathic Society.

Homeopathy and gradually became a Hanemannian to the very backbone. A child of about 4 years belonging to an aristocratic family of Jonai, had high fever with brain symptoms. Dr. Gossain was called and not seeing his way clear according to the old system, he administered a few doses of Stramonium. Fortunately the child was better the next morning, the brain symptoms having subsided. This led to his being a Homeopath in right earnest. For some years he practised at Chinsura where he acquired a reputation as a physician which served him in good stead all his life. Finally he came and settled down at Serampore in the year 1883, as a Homeopathic practitioner. Here his reputation as a Homeopath was spread to such an extent that he gained the laurels and his worth was unanimously appreciated by all, as one of the best and staunchest Homeopaths of his time. His powers of diagnosis were admittedly of a high order and it is no exaggeration to say that in this respect he had few equals. I had occasions to consult him in numerous cases and I most candidly admit that he was a sound and staunch Homeopath. It is a great misfortune to the Homeopathic world and a calamity to the present century that it is gradually losing its greatest supporters and most brilliant ornaments one after another, such as Drs. Sircar, L. Salzer, B. L. Bhaduri, B. N. Banerjee and G. C. Gossain. God alone knows, how the losses of these veterans are to be made up. He was handsome in person, sincere and sympathetic. He had a rich fund of humour in him, which eminently distinguished him throughout his life. As regards the kindness and nobleness that characterised him, the following incident may not be out of place to mention here. On one occasion he was asked by one of the doctors to raise his fees. But he gently said that in that case many would not be able to approach him, even in their dire necessity. There was an

impression formerly that doctors as a class were generally drunkards and licentious, but Dr. Gossain preserved an exceptionally sacred character all his life. He was a strict moralist, in a word he was a man of spotless character. For this alone, far from his other merits and qualifications, he ought to be highly respected, admired and heartily adored, worshipped and sincerely loved and sympathised. Patient in suffering, cool in danger, he was universally loved, respected and admired. His last years were embittered by the untimely death of his most beloved eldest son, a young man of great promise. Now that he has passed away into a fairer life and better land, it will not be out of place to say that in him not only Serampore has lost a good physician but the Homeopathic world one of its staunchest advocates. He was also an ornament to the community in which he lived, moved and had his being. He breathed his last on the 11th of December, 1912 at 3-20 A. M. at the age of 69, leaving behind him a very large family consisting of his widow, five sons and a daughter. To his bereaved widow and sons we offer the expression of our heart-felt condolence.

REPERTORY ON APPENDICITIS INCLUDING TYPHLITIS AND PERITYPHLITIS.

(*Continued from page 84, No. 3, Vol. XXII.*)

- Pressure in, as from a foreign body.—Thuj.
- Stitching pain in right.—Bapt., Inula.
- Stitching pain in right extending to umbilicus with each step.—Inula.
- Hands, burning of palms.—Rhus tox.
- cold.—Ars.
- Head, aching of the.—Plb.
- confusion of the.—Op.

- Heat after sleep.—Lach.
 —When going to sleep.—Ginseng.
 Hernia-like pains.—Cocc.
 Hiccough.—Op., Phos., Nux. v.
 Hypochondrium. (See under abdomen.)
 Ileo cæcal region (right iliac fossa.) Compare with Abdomen.—
 Bapt., Bry, Carb-sulf, Diosc., Ginseng, Magn Phos,
 Merc-c, Phos, Plb, Thuja.
 —Bruised, sore feeling in, sensitive to pressure.—Merc-c.
 —Circumscribed tumor in, the size of a large turnip, yielding
 and yet hard to the touch.—Coloc.
 Ileo-cæcal, cutting, griping pains in.—Rhamnus-cath.
 —Cutting, tensive pain in, worst from deep inspiration.—Thuja.
 —Deep, circumscribed swelling in.—Hepar.
 —Feeling of hardness over cæcum, with severe pain.—Crotal-h or.
 —Gurgling, rumbling in,—Apis, Carb-sulf, Ginseng, Natr^ssulf.
 Rhamnus-cath.
 —Indurated,—Apis, Magn-Phos, Merc, Rhustox, Plb.
 —Pain in reaching to groin in and scrotum on same side.
 —Ars.
 —Painful, hard, hot, red swelling in.—Merc.
 —Sensation of fluid, present on pressure.—Apis.
 —Sensitive to pressure (tenderness)—Arn, Bapt, Cocc, Colch.,
 Crotal-hor, Ginseng, Lach,
 Merc.
 —Sensitive to touch (painful)—Apis, Arn, Bell, Bry, Card-mar,
 Colch, Crotal-hor, Merc., Merc-c.
 Nitr-ac, Plb.
 —Sharp, severe pain in.—Bell, Ginseng., Hura., Magn-Phos.
 —Steady unremitting pain in.—Cocc.
 —Sudden pain arising in a small area in, suddenly ceasing in
 vomiting or headache—Diosc.
 —Swelling like a tumour in, tensive drawing pain in—Medor.
 —Swelling like a tumor in, hard, worse, least motion, touch,
 sneezing, coughing.—Plb.

- Swollen.—Apis, Arn, Card-mar, Colch, Ginseng, Hepar, Lach, Magn-Phos, Medor, Merc, Natr-sulph, Phos., Plb, Rhustox.
- Tenderness on pressure at a small spot the size of an orange, great, some feeling of hardness.—Crotal-hor.
- Twitching, cramping pain in, which spread over the whole right side of abdomen.—Carb-sulf.
- Inguinal region, outward, pressure at right.—Bell.
- Tenderness. See abdomen and Ileo-cæcal region.
- Inspiration. See breathing.
- Intermittent pains.—Bapt, Comoclad, Crotal-hor, Dfosc, Inula, Natr-sulph.
- Intestines, increased peristaltic action of, with rumbling in Cæcum.—Carb-sulf.
- Paralysis of.—Phos.
- Jar, lest, aggr.—Acon., Arn., Bell, Bry, Hepar.
- Knees drawn up, must have the.—Crotal-hor, Hepar., Lach., Merc., Op., Rhustox.
- Lancinating pains. See cutting pains.
- Legs, aching of the.—Plb.
- Cold, clammy sweat on.—Plb.
- Draw up the, must, abdomen hard and tympanitic.—Op.
- Extending or moving right, aggr.—Rhus-tox.
- Extending the right, greatly aggravates the pain, must lie with it drawn up and propped with a pillow.—Crotal-hor.
- Lame feeling in the.—Plb.
- Lancinating pains radiating down the right, with numbness in it.—Plat.
- Pains from rotating the right.—Lach.
- Lie on back.—See position and back.
- Loin, pain in right, tense feeling.—Natr-sulph.
- Tense feeling, painful stiffness, from right into sacrum, groin and anterior part of thigh.—Lach.
- Mercury, Ill-effects from.—Hepar.
- Mesenteric tuberculous deposits.—Hepar.

- Motion, aggr. from.—Apis, Arn., Bell., Bry, Camph., Cocc.,
Colch, Hepar, Merc., Natr-sulph., Nux.,
Phos., Plb., Pyrogen., Sil.
- During, sharp stitches in ileo-caecal region.—Hura.
- Painful feeling of, in right hypochondrium, as from something
alive.—Inula.
- Nausea, with—Ars., Bapt., Bell., Bry., Carb-sulf, Card-mar,
Cocc, Colch, Diosc., Hepar., Hura., Merc.,
Natr-sulph., Nux-v., Phos., Plat., Plb., Rhustox,
Sil.
- From sight or smell of food.—Ars. Colch.
- From stooping.—Carb-sulf.
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Book Review.

হোমিওপ্যাথিতে

সনিদান সবিরাম জ্বর-চিকিৎসা।

আয়ুর্বেদিক ভাষায়

ডাক্তার শ্রীবিধুভূষণ ঘোষ বর্মা প্রণীত।

We have received a copy of Sanidan Sabiram Jara-chikitsa by Dr. Bidhu Bhusan Ghose Barma. This book is a translation of the immortal Allen's classical work on fevers and as such it cannot but command the respect of all Homeopaths. The translation of such a work in our Bengali language was no doubt a long felt want and we are grateful to the author for this work, and we hope it will have a ready sale. It would have been better if the language had been a little easier and we would humbly suggest that in future editions the author will give us the names of the remedies in the Vernacular instead of English. The printing and get-up of the book is very nice and comparatively the price is moderate.

J. N. M.

THE INDIAN HOMEOPATHIC REVIEW.

A monthly journal of Homeopathy and
collateral sciences.

The knowledge of disease, the knowledge of remedies and the
knowledge of their employment constitute medicine.

—HAHNEMANN.

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• • • HOMEOPATHY OF INDIA IN DANGER.

In the March issue of the Medical Century appears an article headed Homeopathy of India in Danger. This evidently is an article written by Dr. P. C. Majumdar in response to an article that appeared in the same journal, by Dr. D. S. Kaistha of Simla, one of the younger men, who seems very anxious for the cause of homeopathy in this country. Dr. Kaistha is a very energetic physician and from what little we know of him, we think he is doing good work for the cause of Homeopathy there. Dr. P. C. Majumdar is too well-known to our readers to need an introduction. His reputation is world-wide. That Dr. Kaistha's article should attract the attention of Dr. Majumdar is proof enough that the matter is of serious import and needs our careful consideration. When I attended the International Congress held in London in 1911 as a delegate from India, I also touched upon these matters, but it was neither the time nor the place to dilate upon them there.

The dangers Dr. Kaistha makes mention of are three fold :

(1) Dangers from laymen practising Homeopathy, (2) from bogus M. D. degree, (3) from the establishment of homeopathic schools and colleges in Calcutta.

(1) According to Dr. Kaistha these laymen should be interdicted from practising. Dr. Majumdar in reply says that homeopathy was first introduced and spread in Calcutta and its environs by a rich layman, one of whose relatives was cured by homeopathic treatment. He became an amateur practitioner and worked hard for the cause of homeopathy. Naturally the wonderful cures coupled with the simple methods of the homeopathic system of treatment, took the fancy of the imaginative, simple and sentimental people of this country, and soon Dr. Rajendra Dutt had many followers of homeopathy among the laymen, and no doubt they did and are still doing a lot of good to the people. The advent of cholera in the country at this time was also another incentive. For in the treatment of this malady homeopathy seemed to be particularly adapted. But I doubt whether homeopathy would have survived in this country, had it not been for the regularly qualified medical men who took up its cause after Rajendra Dutt. The names of Drs. Behari Lal Bhaduri, Mohendra Lal Sircar and Leopold Salzer are household words here, and I assert that but for them it would not have been possible for us to hold the estimable position we enjoy in Calcutta to-day. It is my firm conviction that although our number is very small, we must try and increase the number of our regularly qualified men, because without regularly drilled well-trained soldiers we shall not be able to stand in the fight. The survival of the fittest is an universal law.

While admitting the necessity of these lay practitioners among the people now, I cannot support Dr. Majumdar's theory that because the people are poor, we must always have these lay practitioners. I declare once again that unless we

try to educate our practitioners properly and thus raise the standard of homeopathy here, we are lost; for however clever and dogmatic our lay practitioners may be, we are sure to be lost in the field of battle with our brethren of the other school, who are generally a lot of well-qualified regularly drilled men. If we have many poor people among us, let us have hospitals and asylums for their treatment, but that is no argument for our practitioners remaining laymen without proper training and education. If laymen homeopaths have done so much as Dr. Majumdar very justly remarks, how much more can we do if we have as many regularly qualified men. Dr. Majumdar says that Dr. Kaistha is the only qualified homeopath in the Punjab. If that be so, it is quite evident that there is a good field for a few more good qualified homeopaths in the Punjab. He also says that in Simla where Dr. Kaistha is practising, homeopathy was introduced by a layman long ago. From this also it is evident that laymen are being replaced by qualified men. The following remarks of Dr. Majumdar are well worth repetition. He says:—Another fact I must say that these lay practitioners of homeopathy here are practising true homeopathy. Many of them study the *Materia Medica* thoroughly and achieve wonderful success in many severe cases. These laymen have many drawbacks no doubt; they are not regularly taught in those branches of the medical science which are absolutely necessary for the proper practising of our art. But their influence and zeal for the propagation of homeopathy and securing help for many helpless poor are unique, and at this stage of our existence we are not justified in doing away with them. When the number of duly qualified homeopathic doctors are increased and when our people know something of our system, then these practitioners will disappear.

(2) Bogus degrees.

Some time ago there was quite a rush of bogus degrees here and I am sorry to have to state that many of our lay practitioners who were held in esteem and regard by our people for their ability in treating cases successfully, did not hesitate to obtain these degrees, but I am glad to find that these bogus degree-holders are gradually dying out the natural death that they so eminently deserve. Of course, if I mistake not, these degrees are obtained from America and other foreign countries and we have no control over them.

(3) Homeopathic schools and Colleges.

Naturally as the outcome of the demand for homeopathic practitioners in the country these schools and colleges sprung up into existence. But it seems to me that it would have been much better if we could have had one good well-equipped college instead of so many irregular badly equipped institutions and I am afraid these are becoming a regular hindrance to the proper development and advancement of homeopathy. It is a matter of very great regret indeed that purely mercenary motives have been at the root of all this evil and it is all the more to be regretted because our so-called regularly qualified men have not hesitated to be the promulgators of these institutions. Of course there are other dangers of which mention has been made either by Dr. Majumdar or by Dr. Kaistha and I need hardly go into them again. I am only afraid that Government will never recognise us until and unless we do away with some of these mercenary schools and better the standard of our education, however much we may go on giving diplomas in these miserable institutions.

J. N. M.

MY PLAN TO PLACE HOMEOPATHY ON THE PROPER BASIS AS THE SCIENTIFIC THERAPEUTIC RESOURCE OF MEDICINE.

BY FRANK F. CASSEDAY, Ph. B. M. D.,
Portland, Oregon, U. S. A.

Modern conditions of society demand that any cause or movement, no matter what its merit or how much it will benefit the world, must have an organized body of earnest, aggressive and forceful men and women behind it, otherwise it will fail or die of inanition. The activities of the individual in modern society are increased a thousand fold over twenty or even five years ago. There is so much to distract attention and interest, that without continued publicity any cause will fail.

Homeopathic physicians as individuals are doing well in a financial way, but organized Homeopathy is losing ground. There is no concerted and organized effort to educate, and increase the number of patrons of Homeopathy, to make new converts to Homeopathy, to demonstrate by public lectures the efficacy of the treatment, to describe the institutions, and describe their work, to give comparative statistics, or to educate the rising generations to the benefits of the treatment and give concrete examples. The public needs education and needs it constantly year after year.

The old school have failed. They confess their inability to cure disease by means of internal remedies. They run after serums and specifics.

The old school are telling the people that Homeopathy is dead. As the Homeopathic physicians fail to give the lie to these statements as they should, the public, owing to the lack of protests from the Homeopaths, are coming to believe that these lying statements are true.

The old school by flattery, cajolery, and promises induce Homeopathic physicians to join old school societies, and then literally hug them to death, and thus make a new kind of doctor, namely: a Homeopathic physician by education, an old school physician by

absorption, which equals an old school physician plus a little Homeopathy. The primary class in school had been listening to a description of birds and bird life. A little wren was described as a small brown bird, small head, and a little short tail, nothing to speak of. At a school exhibition held soon after, a little boy described the wren as follows : "A little brown bird, with a small head and a little tail, but you must not say anything about it."

The Mormon Church carries on a constant campaign of public proselyting year after year all over the world, and today it is one of the most stupendous religious, business, and political organizations the world has ever seen. No noise or conflict, just constant unceasing publicity.

The Christian Science Church has the most complete system of publicity to meet the public in a large way. Their system consists of lectures to the public, a constant stream of literature suitable for publication to 20,000 to 30,000 publications all over the world, replies to criticism both friendly and unfriendly, local representatives to answer criticism and report same to head office, and personal letters and articles. It has built up a marvellous organization and practically stifled opposition, adverse criticism, and is constructive to the last degree.

The Osteopaths are carrying on a publicity campaign.

The old school are carrying on a sort of campaign of publicity, but they lack unity and plan.

My plan includes :

1. Central Publicity Bureau composed of from three to five men under the authority of the American Institute of Homeopathy. One man in charge who can write live matter in a popular vein free from technicalities, boiled down, plain and newsy.

The work of this bureau will include general supervision as follows :

- (A) Writing, printing and distribution of live matter printed on slips (on one side only) on health, sanitation, food, diet and Homeopathy and distributed to 20,000 to 30,000 newspapers, and other publications weekly and monthly, year in and year out.

(B) Writing and distribution of missionary slips with boiled down information about Homeopathy with comparative statistics in quantities free to Homeopathic doctors. Said slips to be distributed by each physician in his own locality with his own card. (C) Clipping record. Clippings from all newspapers, magazines, etc., supplied by a clipping bureau. All clippings referring to Homeopathy in any way. This is the basis of the entire work. All adverse criticism as shown by these clippings, whether inspired by malice or friendship, should be supplemented by sending more matter to the critical publications, with personal letters in a conciliatory vein. (D) Organization of the doctors locally through correspondence from the Head Office, with suggestions as to the most effective methods of procedure, local organization, and constant interchange of ideas, suggestions, as to ways and means of pushing the campaign. (E) Distribution of press notices to the Homeopathic medical journals. These to be printed on one side of slips ready for clipping for publication. (F) Co-operation with all foreign Homeopathic organizations carrying on publicity campaigns, and inviting suggestions and facts about the foreign work. (G) Distribution of reports of the work and statistical information to all Homeopathic medical societies the world over, and arranging for an exchange of courtesies in the way of statistics, suggestions, and information between the American bureau and societies. This to include all colleges, dispensaries, hospitals, and affiliated organizations interested in the campaign.

2. The Public Lecture Plan. Public lectures given by physicians in towns and cities throughout the country. Country will be divided into from six to eight zones. For example—Pacific coast states of Washington, Oregon, Idaho and California will form a zone. Physicians of one state will go to adjoining states and give public lectures, thus exchanging courtesies. This work can be done at no expense. Able men will be glad to go any reasonable distance and pay their own expenses. In special cases travelling expenses can be paid where the distance is great. Under this plan is no necessity for men to go from extreme east to extreme west, or vice versa. A

useless expense. Other zones can be organized in the same way—as Middle west, Middle south, Middle east, Middle east-south, East, and East south, or any form desired or convenient, depending on population, facility of transportation, and large centres.

3 No travelling representative needed to visit the doctors. Money expended for such a useless officer more effectively used for publicity work. Physicians all intelligent men and women. They can be reached by correspondence with Head Bureau. As soon as plan is developed and the tide sets in for Homeopathy the American Institute of Homeopathy will have the largest and most active membership of any society in the world. Show the doctors that they will be placed in touch with the people. That is all that is necessary.

4. No journal needed. Let the medical journals do the medical end of this campaign. Help them. Encourage them. Furnish them material and financial aid by means of distribution of special editions devoted to certain matters from time to time.

5 Financing the Campaign. There are something like fifty thousand Homeopathic physicians in the United States. At two dollars per head a year that yields one hundred thousand dollars. Many can and will contribute from ten to fifty dollars a year for ten years, so in case the number of individuals is less than my estimate the amount available will not vary materially from the sum indicated. Even twenty-five thousand dollars for the first year, expended on the work would work wonders. Let the money be used to pay for live wire men who would do things. Cut out the pensioners and get workers. A live active man who understands publicity work, with a corps of stenographers and typists, and mailing clerks, could make the entire population of the United States sit up and take notice within two months that Homeopathy was alive, was growing, was the real method of cure, and the battle would be half won, provided the campaign was continued year after year. No fancy offices, or highly paid high browed loafers can be used. The men to make this thing effective must be real workers who will take off their coats and keep busy.

The expense of the lectures will be met by each local body of physicians. They will hire the hall or theatre (no churches should be used to avoid social entanglements), some good music, pay for advertising the lecture, arrange for stenographic report of lecture to be published in the papers the next day. At the lecture leaflets about Homeopathy, previously sent by Head Bureau, will be distributed to the audience together with a small leaflet giving the name and address of each Homeopathic Physician in the city who contributes to the movement. Leave out all who refuse to co-operate as they will be glad to come in when the movement is started.

Nothing unprofessional or unethical about the whole matter. It is education of the public. The public want the services of physicians who will give them relief. The old school physicians cannot give it according to his own confession.

If the people attending the public lectures in the cities are not informed as to where these Homeopathic physicians, who have been in hiding so long, can be found, the laity will be left suspended in midair and the entire object of the whole movement will go for naught. Some selfish physicians who are well established will refuse to come in for purely selfish reasons. Cut them out and forget them. They will be knocking for admittance later. If they never come in, the loss is theirs, as they can do no possible harm to the movement.

I would also suggest the city directories be ordered to insert a heading for "Homeopathic Physicians" telephone directories the same, and let every earnest Homeopathic physician display his colors on all occasions. If Homeopathic physicians are ashamed to announce themselves as such we cannot expect the press and the people of the country or the world to take Homeopathy seriously.

To all Editors of Homeopathic Medical Journals, and Secretaries of Homeopathic Medical Societies, Clubs, and other organizations, Greeting: This is the psychological moment to push a world-wide Publicity Campaign for presenting to the laity the benefits which humanity will derive by employing homeopathy for the relief and cure of disease.

The Round Table of Homeopathic Physicians of Portland, Oregon, U. S. A., and the Oregon State Homeopathic Medical Society of Oregon, U. S. A., present the plan herewith proposed and submitted by Dr. Frank F. Casseday of Portland, Oregon, and a member of these societies, a graduate of the Hahnemann Medical College of Philadelphia, and a practitioner of many years' standing. We ask you to publish this abstract in your journals, with editorial comment, we ask secretaries to present to their respective societies and secure action on the plan to advance the cause of Homeopathy.

Fraternally,

JOHN F. BEAUMONT, M. D.	CHAS. BILLINGTON, M. D.
<i>President, Homeopathic Medical</i>	<i>President, Portland Round Table.</i>
<i>Society of Oregon.</i>	DAVID BREUER, M. D.

Secretary, Portland Round Table.

** We commend the above article of Dr. Casseday to our readers. We think homeopathy needs such propagandistic work badly all over the world.

A few Erysipelas Cases.

I.

Sometime ago, I was called suddenly one morning to treat a rich Mohamedan gentleman who was suffering from what appeared to be an erysipelas of the face. When I arrived at his house, I found his face enormously swollen, the upper lip particularly so and there were a couple of white simples on the upper lip. There was not much discharge from these. But he complained of great pain in his chest and there was great thirst. He was very restless, but the least movement made him worse. There was distinct crepitation audible in the right side of the chest both in front and back. There was also slight dyspnoea. He was having allopathic treatment for this all the time from the beginning. His temperature was 103. There was a history of diabetes in the case. I gave him

Bryonia 30 to be repeated every three hours until he felt better. I was requested to call again in the afternoon. When I arrived there in the evening, I found the motor cars of all the leading physicians of the dominant school standing in front of his house ; so I thought it best to depart in peace. Just as I was leaving, one of the relatives of the patient rushed out of the house and told me that the patient was particularly anxious to see me and that these physicians had been summoned by the patient's sister and he was not going to have their treatment. As I had another engagement, I told him I would come back after a couple of hours after the visitation of the doctors was over. When I came back, I was told by the patient that he was feeling better, his pain was much less, but the temperature was still 103°. Otherwise he was about the same. But to my astonishment I found a couple of nurses in attendance who were not there in the morning and also a bundle of stuffs which had just arrived and which were evidently prescribed by the other doctors. The patient told me he was going to continue my treatment but the attitude of the people of the house seemed to be different ; so I came out and told one of the patient's relatives that this was a very serious case and it was necessary they should decide once for all whether they should have homeopathic or allopathic treatment, for otherwise it would be most injurious to the patient. I was told after their family consultation that they had decided to have allopathic treatment. I accordingly left and heard the next evening that my poor patient had breathed his last inspite of all the treatment.

II.

My next case was that of an elderly gentleman whose history was almost identical with that of the preceding case except perhaps that he was sixty-five years old while the

other gentleman was not even fifty. His face was enormously swollen and the temperature was very high, ranging between 103. F. and 105. F. The upper lip was quite inflamed and glistening in appearance. His urine was rather scanty and showed traces of albumen. I began the treatment with Apis 6 x. to be taken every three hours. He was a poor man and could not request me to see him so frequently.

The next day his fever was much better. The temperature was almost normal. But the lip still looked very inflamed and two small openings were visible, but as yet there was no discharge.

Hepar Sulph 30 was given three times that day and the day following. On the following day large quantities of pus came out and from that time the patient began getting better and in about a week or 10 days he made a complete recovery.

III.

My next case was that of a young Mahomedan woman living in Manicktolla. She had been under allopathic treatment from the beginning but inspite of it she began getting from bad to worse from day to day until at last the homeopath was summoned as a last resource. When I saw her, she was in a pitiabile condition. Her face was enormously swollen. The features were unrecognizable. She had very high fever with great thirst and burning. She was very restless. In fact she was in great agony. The left ear and the left side of the face was full of ulcers and blebs and she complained of great pain in them. Her bowels had not been moved for three days. Arsenic 30 was given that evening to be repeated every three hours until she went to sleep.

In the morning I had the report that she was no better. She had not a wink of sleep during the whole night. In fact the burning was worse. Anthracin 200, one dose, was

given. In the afternoon I had the report that she was in the same state, perhaps the burning was a little less. Temperature remained the same. Placebo during the night.

The next morning I saw her again. She was worse if anything. She was becoming unconscious. The affected parts had a dark bluish appearance. The pulse was very frequent and the temperature continued high.

Lachesis 30 was given every three hours this day. In the evening the report was more satisfactory. The temperature had gone down and she was quieter.

I saw her again the next morning. She seemed much better. The temperature was almost normal. The swelling was much reduced.

Lach 200, one dose, was given, followed by Placebo for three or four days.

The patient made a perfect recovery.

J. N. MAJUMDAR, M. D.

POST MORTEM.

"John Bull" publishes the following which will interest all who have friends in hospitals and all who strongly object to post-mortems in cases where there is no suspicious circumstances. Sir F. Halliday, as we pointed out at the time, stopped the useless post-mortem on the Sibpore jetty disaster and there is a very strong feeling on the subject in India as well as London. The statement of the Secretary of London Hospital of the implied agreement on entering a hospital that your body may be dissected is startling. Does it apply to paying patients or is it confined to the dismally poor?

In the course of a year, ten thousand post-mortem examinations are performed in our London hospitals. This number does not include examinations ordered by coroners in connection with inquests. At least 90 per cent. of these hospitals dissections are absolutely unnecessary for the purpose of ascertaining the cause of

death—in most cases, the post-mortem is held merely for what the doctors would call “scientific purposes,” just as vivisection is practised upon dogs. As the law stands, hospital authorities are not allowed to hold these examinations without the consent of the nearest relative, and we might add not 1 per cent. of sane persons would allow an autopsy on their nearest and dearest if they were acquainted with the gruesome facts. Even without special knowledge of post-mortem horrors, the ordinary man instinctively revolts at the thought of allowing such carving about, and but few permits are given.

The case with which we are now dealing is one of the most flagrant that has ever come to our knowledge. The wife of a well-to-do artisan was subject to attacks of asthma, and a few weeks ago, while being attended by a local practitioner, developed a rupture of one of the lungs. The doctor advised the calling in of a specialist, Dr. F. Smith, of Harley Street. Immediately upon seeing the patient, Dr. Smith advised her removal to the London Hospital. This was done, and so far as the treatment there of the patient while she was alive is concerned—it was a matter of only a few days—the husband has no complaint to make. What he does poignantly feel, however, is the cutting about of his wife's body after death. We should mention that the poor woman had a great horror of hospitals; and, as the husband sat by her bedside, she asked and he promised that no one should “hack her about,” either during life or after death. That promise the bereaved man thought it a sacred duty to carry out. After her death he, of course, had to obtain a certificate. He was told that Dr. Smith would like to make a post-mortem before giving it, but he naturally very strongly objected. The certificate was then given, stating that the cause of death was consumption of the throat and lungs. Upon the body being brought home, however, the husband learnt from the undertaker that a post-mortem had been held, whereupon he called in his own doctor, and an examination of the body disclosed the fact that such was the case. Then ensued some illuminating correspondence.

The first letter, from the widower's solicitor to the Hon. Sydney

Holland, the Chairman of the London Hospital, is dated December 26th, 1912, and runs :—

“I have been consulted by Mr. G. R. Isbell, 22, Gowan Road, Willesden Green, with reference to the terrible treatment of his wife's body after death. Mrs. Isbell died at the London Hospital on the 23rd instant. Mr. Isbell instructs me that he expressly and explicitly told the House Surgeon and Nurse that he would not allow any post-mortem to be made. Upon his wife's body being brought home, Mr. Isbell asked his own medical man to see the body, and was then told that it had been opened from naval to breast-bone—doubtless to satisfy the morbid and indecent curiosity of some of the Hospital staff. As this is a gross violation of the express instructions given and in direct defiance of Mr. Isbell's wishes as made known to the House Surgeon and Nurse, he feels, and rightly feels, that the matter ought to be brought to the notice of the Board of Governors, in order that steps may be taken to prevent a recurrence of such abominable treatment. Conduct such as that complained of is calculated to do an infinite amount of harm to the work undertaken by the hospital and will do much to alienate the sympathies of the public which subscribes to and maintains it. I shall be glad to hear from you at once that steps are being taken to prevent the wishes of relatives being callously ignored in future.”

To this the Secretary of the Hospital replied as follows :—

“Mr. Holland desires me to reply to your letter addressed to him. He is not in town just at present, and he writes to say he does not remember all the facts. I have written to Dr. Smith, of 138, Harley Street, W, who was in charge of the case, and he states he did not know any of the details mentioned in your letter, and carried out a post-mortem on Mrs. Isbell in order to avoid an inquest, as he did not know but that some accident had led to the rupture of the lung from which she died. We have his word for his regret that the post-mortem was done without consent, but he considered it necessary under the circumstances. I am afraid that I can do no more than give you this explanation of Dr. Smith's. It would seem that Dr. Smith's physician in the hospital, thinking

he knew the cause of death sufficient to warrant a certificate, gave it ; but Dr. Smith felt he did not know the cause of death and did not know that his House Physician had given the certificate, and did not know that a post-mortem had been objected to.

"I am very sorry that Mr. Isbell should have his feelings hurt, for at this hospital the Committee are most anxious to consider the feelings of friends in this matter. I might point out, however, that at some of the hospitals in London post-mortems are carried out on every patient that dies, and refuse to admit patients to the hospital on any other conditions."

Then, in hot haste—a day later—came one of the Hon. Sydney Holland's blustering, bullying communications, with which our readers are familiar :—

"Sir,—I am a barrister myself. I have had dealings with and business from the best solicitors in London for 30 years and so, I am able to judge quite well how far a solicitor's letter is justified, or how much is due to inexperience or want of education or absence of gentlemanlike feeling. Yours, never mind what instructions you got as to the facts, was grossly rude and certainly libellous. You now write that having heard the facts (only one side of them, by-the-by), you 'felt that some ghastly mistake must have been inadvertently made at the hospital.' Then, sir, why did you not say so in your first letter instead of writing that you 'supposed the post-mortem had been done to satisfy the indecent curiosity of some members of the staff'? If what you say now was your feeling—i. e., that a mistake had inadvertently been made—the above sentence is not only libellous but untrue, to your own thinking."

"Any solicitor is justified in writing on his client's behalf to demand an explanation, and when Mr. Isbell chooses to employ one who can write in a manner we have a right to expect from a member of your profession, we shall be happy to explain matters. But no solicitor is entitled to volunteer his own opinion, which is unasked for and quite immaterial to his correspondent, and certainly not to couch that opinion in libellous and impertinent language.

∴ "This correspondence is not private I presume."

Now we suggest to the courteous Chairman that his tall talk about libel is the merest piffle ; that the cause of the death of the poor woman was never for a moment in doubt, and that the post-mortem was held merely, as we have said, to further the interests of science, or in other words, out of medical curiosity.

—*Indian Daily News, April 30, 1913.*

REPERTORY ON APPENDICITIS INCLUDING TYPHILITIS AND PERITYPHLITIS.

(Continued from page 128, No. 4, Vol. XXII.)

- Nose,—worse blowing the.—Arn.
- Pains come to go rapidly.—Bell. Mag.phos.
- crescendo and diminuendo in character.—Bell.
- crescendo in character.—Diosc.
- doubling up and extorts cries. Causes.—Coloc.
- extending downward toward rectum.—Doryphara.
- Pains, extending and falling downward, direction of rectus, muscle.—Comoclad.
- internal.—Merc., Camph.
- itching character, of an.—Carb-sulf.
- of inflammation. Natrum-sulf.
- pressive, about quadratus lumbar muscle, worse when rising from the lying posture.—Rhustox.
- rotating the right leg, when.—Lach.
- Paroxysmal pain. See intermitting pain.
- Peritonitis.—Phos
- Perityphlitis. See typhlitis.
- Perspiration. See sweat.
- Pinching pains.—Cocc., Phos
- Position, impossible to lie on left side.—Rhustox.
- lies on back with the right knee flexed.—Hepar., Lach., Merc., Rhustox.
- lies motionless on back., must.—Bell.

- Pressing aggravates or causes pains on rectum.—Carb-sulf.
 —pains.—Apis., Arn., Ars., Bell., Camph., Card-mar., Cocc.,
 Colch., Merc., Nux-v., Phos., Pyrogen., Rhustox.
 —swelling from below upward. Amel. the pain.—Rhustox.
 Pressure, causes rumbling in right side of abdomen.—Diosc.
 —outward at right inguinal region.—Bell., Cocc., Natr-sulf.
 —sensitive to —Apis., Arn., Bapt., Bell., Bry., Camph., Carb-sulf.,
 Cocc., Colch., Crotal-hor., Diosc., Doryphara,
 Ginseng, Lach., Merc., Merc-c., Natr-sulf., Nitr-ac.,
 Plb.
 —Sensitive to See also abdomen and ileo cæcal region.
 Prostration, with great —Camph., Diosc., Crotal-hor., Nitr-ac.,
 Pulse, hard and tense —Op.
 —rapid —Camph., Crotal-hor., Rhustox. Consult general repertory.
 Quiet—better from. See motion.
 —worse from —See motion.
 —pains coming when, and also when moving.—Natr-sulf.
 Rectum, pressure on the.—Op.
 Remits, when the pain remits intensified—Cocc.
 Restlessness with —Acon., Ars., Bell., Cocc., Coloc., Natr-sulf.,
 Pyrogen.
 Consult general repertory.
 Retching, with —Ars., Bapt., Hepar. Plb.
 Rheumatic subjects, in—Bry.
 Rumbling See under abdomen.
 Septic states, in —Crotal-hor., Pyrogen., Rhustox.
 Sharp pains.—Arn., Bapt., Bell., Coloc., Ginseng, Inula, Magn-
 Phos., Medor., Phos.
 Shooting pains —Phos. (Consult sharp pains).
 Side, lying on, aggr.—Arum-mac.
 —numerous stitches in right, worse while lying on painful side.
 —Thuj.
 —pressing pain on right, between false ribs hips, worse when
 stretching out the body in the morning, with colic pains.
 —Card-mar.

Sight.—See eyes.

Sitting, worse when.—Phos., Rhus tox.

Skin, hot and dry.—Crotal-hor.

—pale, cold and clammy.—Diosc.

—perspiring while it burns to the touch.—Bell., Op.

Sleep, restless.—Inula.

Sleeplessness.—Bell.

Sleepy, but not sleep.—Bell.

Stupid.—Op.

Sneezing, aggr. from.—Apis. Plb.

Spasmodic pains.—Cocc.

Squeezing, pains.—Natr-sulf., Op.

—pains, as if something were forced through a narrow passage.—Op.

Stage of the disease, first.—Acon. Bell. Marc.

—suppurative.—Hepar., Merc.

—suppurative. See abscess.

—typhoid.—Apis., Bapt., Bell., Bry., Hepar., Lach., Merc-c.,
Plb., Pyrogen., Verat.

Standing worse.—Arum-mac., Bry., Phos.

Stopping, worse from. See walking.

Stercoracious vomiting. See vomiting.

Stinging pains.—Apis., Bryo., Camph., Ginseng.

Stitching pains.—Ars. Bapt. Bry. Colch. Hura. Inula. Marc.,
Thuj.

—pressive, cutting, from right to left, worse walking.—Merc.

Stomach, coldness of.—Cocc.

—painful distention of.—Phos.

Stool.—almost incessant desire for.—Merc-c.

—constipation, or slimy difficult.—Merc.

—copious, gushing.—Phos.

—curdy masses or pus.—Lach.

—fetid.—Crotal-hor., Op.

—frequent calls to.—Arn., Hepar., Nuxv.

—ineffectual desire for.—Inula., Nux v., Thuj.

—involuntary.—Op.

- mucous,—Merc., Merc-c, Nitr-ac.
 - painful urging to.—Lach.
 - retention of, or involuntary, offensive, thin diarrhoea.—Op
 - scanty, of blood and mucus.—Merc-c.
 - watery.—Nitr-ac.
 - whitish, containing pus.—Rhustox. See also constipation.
 - Suppurative.—See abscess.
 - Sweat cold.—Ars, Hura., Plb.
 - cold on face.—Ars,
 - cold on bare head.—Plb., Verat.
 - copious upon genitals, of a honey like odour.—Thu.
 - profuse at night.—Rhustox.
 - with.—Camph., Op, Plb.
 - with the pains.—Merc.
-

ANTI-BACILLUS THEORY.

Hail Hahnemann—the holy light, the spirit sanctified, the Hindu spiritualism incarnate though born in Christendom, come into this depraved earth again, come and disperse the darkness overshadowing the poor earth, come and teach the minds begotten with crude materialism, minds that can never think of anything beyond what they see, the minds limited within four precincts of their own puny and frail houses, the nobler and higher precepts of energizing spirit of the finer elements of nature. Teach them that more things are wrought in this world than what they dream of, more mysteries of the universe have yet been left unveiled even by the highest power of microscope which their crude brains boast of, and many more finer states of existence have yet been left undiscovered even by their strenuous but misdirected physical and mental exertions. Teach them that mind is the microscope of the highest order of Divine origin, that mind, the concentrated form of the divine energy, can look to the past,

the present and the future and any finer states of things imaginable. O ! the father of finer philosophy of the West, we invoke your spirit, we invoke your heavenly existence to descend, to enlighten the crude materialistic brains and to direct their misguided energy in a healthier stream in the discovery of truths.

When we dissect and study God's creation which is an emanation from His omnipotent Body, we generally find in it three undercurrent of forces flowing from its beginning to its end. The combined and uniform action of the three forces is, as if it were, the pulse and animation of life of the Universe. The animate and the inanimate, the living and the vegetable kingdom, the ferment, the stars and the planets, each of his creation is enlivened with their soft and uniform rays of life. The smooth, uniform and combined working of the forces is creation and preservation and the opposite of which is destruction.

Now we see that creation, preservation and destruction lying submerged in the Person of that omnipotent Being for eternity and manifesting their energy as life, growth and death, shows and bespeaks of the omnipotent power of the Creator. These three conditions *i. e.* creation, preservation and destruction have been according to circumstances and throughout all ages described in various forms, fine and crude. They *i. e.* creation, preservation, and destruction have made themselves stangible in the moral as "Satta" (সত্তা), "Rajas" (রজস্), "Tamas" (তমস্); in the metaphysical as "Brähma" (ব্রহ্মা), "Bisnu" (বিষ্ণু), "Maheswar" (মহেশ্বর); in the physical "Bayu" (বায়ু), "Agni" (অগ্নি), "Barun" (বরুণ) [air, heat, water]; in the animal world "Bat" (বাত), "Pitta" (পিত্ত), "Cough" (কফ) [Nervous, Hepatic, Lymphatic]. These "Bat", "Pitta" and "Cough have manifested themselves as "Era", "Pingala", "Susamna" in the human Pulse and have made the animal

kingdom animated with spark of life. These creation, preservation and destruction have been working in the form of "Bat", "Pitta", "Cough" or "Nerve," "Liver" and "Lymph" in the animal world in proportion to its existence though for a shorter period as compared with that of the universe. The three forces ("Bat," "Pitta", "Cough") germinate, in the very moment of impregnation of the ovum, in the finest molecular shape and are kept up to the last of life as a combined flow, the vibration of which is felt in the human Pulse.

Let us now explain the above mentioned facts in a Crude form. Brahma, as a deity of creation, Vishnu as that of preservation and Moheswar as that of destruction are in existence in the person of that omnipotent Being. Bayu as the cause of creation, Agni (heat) as a help to preservation and Vafun (water) as a help to destruction in the physical world are known as Creator, Preserver and Destructor. *I just try to simplify the above facts. We see in the outside world that air containing in its element oxygen as life-spark is the cause of life and that heat is the cause of growth as eggs put in warmth bring forth the little ones and that cold is the cause of destruction as when the same eggs exposed to cold are killed. It is then evident from the aforesaid example that air, heat, and water may be called as creator, preserver and destructor in the physical world in a broader sense. The characteristic feature of Bayu is motion. Bayu by the supply of oxygen stimulates life and movement. The region where Bayu works is the nervous system in the animal body. Air moves and moves and thereby stimulates inanimate to life. This stimuli are getting continuously reflected from the unseen nervous system of the universe and hence to animal kingdom. So the nerve is the main organ of conduction, locomotion, and

perception. Some may say that it is quite an absurd proposition to believe that this poor universe has got a nerve. To that my reply is that what attracts father to son, wife to husband, brother to brother and what repels? Is it not the nerve in an electrical condition (mind)? What attracts then Surjamukhi flower to the sun? What shuts up Kumud flower from the Moon? What attracts and repels the masses of water in the ocean to and from the sun and moon and what are these attractions and repulsions? Surely it is the nerve. Bile or hepatic system works in the similar way in the human body as fire in the physical world. The consuming property of fire consumes the finer portions of the body consumed in such a way as to make it capable of getting assimilated or being one with the elements of the universe and the crude or earthly matter is left by as ashes. Just similarly the bile digests the food substance with fire-like affinity and makes it capable of being assimilated or being one with the cellular elements and the portion not digested is left by in a crude form as faecal matter. Water is of the physical world *sleshma* or lymph. As water kills by enundation every spark of life in the physical world, so *sleshma* by its freezing property extinguishes every bit of fire in human body. This 'Bat', 'Pitta' or 'Sleshma' has got in its person the same three phases of forces i. e. creation, preservation and destruction, for they themselves can help to create, preserve and destroy in different times. When these three forces work together harmoniously, it is life; when disorderly it is disease or death. Bodycells are the fountain-spring of these three currents of forces. When there is loss of equilibrium in the fountain-spring, it disturbs the waves of forces. The differentiated cells are again the outsprings of the one primary mother cell originated in the womb by the intercollation of the sperm and the ovum. The

primary mother cell inherits from its parents an unsteady equilibrium which spreads gradually from one differentiated cell to the other. The unsteady equilibrium creates in the cells themselves a cellular and anti-cellular action for otherwise we would not find babies born with health or with diseases in a patent or in dormant condition. The steady or unsteady, cellular or anti-cellular action stimulates the cells of the human body to healthy or morbid secretions. This healthy secretion of the cell is health and morbid is disease. It is the morbid cellular secretion, is the poison which torments the human physis. The same unsteadiness pervades even the physical world that we ever see that good changes to evil and evil to good, light changes to shade and shade to light and calmness changes to agitation and agitation to calmness and so forth. So we conclude that cells tend from health to disease and disease to health, like the pendulum of a clock. As we see steadiness and unsteadiness in every thing on earth, so the law enunciated holds good with the body-cells. This unsteadiness is the seed that germinates into disease in the human system.

As for the growth of a seed to a plant requires earth, water, air and light, so for the seed of the disease to grow necessitates the help of external environments, such as climatic changes, dissipation, unhygienic conditions &c.

Now let us see what relation does the inner nature of man bear to the external. The inner and outer nature are linked together with a chain of brotherhood. The earth, its animate and inanimate, its vast expanse of water and the air, its sun, moon, stars and other planets bear to one another an innate relationship, for one and all of them is justly a section of that great Body. If any portion of the human body be diseased, poisoned or wounded, the whole of it is convulsed. Similarly if any portion of that great omnipotent

body be sick, poisoned or wounded, the wave of that shock will be conducted to its every limb and to one another. By the following example I want to make the above statement explicit. The currents of forces such as Bat (air), Pitta (bile), Cough or sleshma (water) are flowing for eternity through the heart of the creation and of these three movements the water current is visible on the face of the physical world. In the time of fortnightly darkness or fullmoon, the unseen water current becomes very tangible on the surface of the ocean in the shape of ebb and tide. At that time there is a high rise and fall of internal water current pervading the whole universe and the shock of which is keenly felt by the animal world which is a limb as shown by ill health, diseases, its aggravations &c. But the currents of Bat and Pitta work so very silently that their workings are only perceived but not visible in the naked eyes. The waves as generated from the external currents of forces create a disturbance and unsteadiness in the bodycells from which the three forces (Bat, Pitta and Cough) flow.

We have said before that these forces or Dhatus not only save the human system where they flow as a result of cellular action, by their uniform and steady modes of working, but also become an aid to gradual growth and development. Let us see again whence this unsteadiness arises from ? What do we find in this visible world ? Have'nt we seen that there arises unsteadiness from out of steadiness, unchastity, out of chastity, and unfriendliness out of friendliness ? Who it is the Creator of Universe, at the sight of Whose ingenuity and cleverness in His work of creation, we are astounded and bewildered with joy and admiration and on the other hand struck with horror and dismay at the sight in Whose omnipotent person of the power of horrible destruction and carnage ? Have'nt we seen that the moral and immoral will-forces have

sprung up from the same inner world of the human system ? Have'nt we seen that contentment, peace, love of people, revolution, war and tyranny all have sprung from the selfsame kingdom ? Have'nt we seen that out of sweetness, sourness, out of water, thunder and lightning, out of dead leaf, a new leaf, from out of dead cell a new cell arises ? Where there is nectar there's poison, where there's life, there's death. It is then we come to this that the forces of opposite or different character flow from the selfsame nature whether in or outside. So then the force of disease as opposed to the curative power springs naturally from inside the human body.

Even the power of Immunity comes under the same law. Conclusively then we have got no possible reason to banish the diseased power from within.

In the inside and outside world, it requires a stimulus for the transformation of moral into immoral and natural into unnatural phenomenon. In the mental the stimulus is the presence of an object for example as for excitation of mercy, love, enmity, wrath etc. i. e. softer and ruder feelings of human heart ; and in the physical for the transformation of water into cloud, heat of the sun is essential. As the presence of a person, an object or the sun is a stimulus for bringing forth these phenomena, so the external atmospheric and climatic changes and the violation of the laws of health serve as stimuli to disturb the equilibrium of the three currents of forces ; so much that they gradually revolt against each other, and laterally the force coming out victorious in the affray tries to kill life, the supreme power in the human body. But which forces, when in a proper equilibrium, help the life-power in his works ?

We generally divide the year into six seasons, such as

Grishma (গ্রীষ্ম), Barsa (বর্ষা), Sarat (শরৎ), Hemanta (হেমন্ত), Sit (শীত), Basanta (বসন্ত). Any of the above mentioned seasons gives predominance to one of the Dhatu forces. In the outside nature Grishma and Barsa give predominance to *Bat*, Sarat, and Hemanta to *Pitta* and Sit, Basanta to *Cough*. The shock of these three waves as pervading the universe unbalances the steady and uniform action of Bat, Pitta and Cough in the human body. This is proved by the fact that the diseases with the predominance of Bat, Pitta, or Cough are prevalent in the specified seasons. This want of harmonious working amongst the Dhatu forces brings about a disagreement. This disagreement leads to combat, even to war for individual supremacy amongst the Dhatu forces for the management of the internal affairs of the system. Such is the instinctive tendency of the animal world that no body brooks the authority of another—neighbour neighbour's, relation relation's and even brother brother's of the same blood. In course of this struggle for ascendancy, any two of the forces being defeated fall back to help the life-energy in distress. But if ultimately the supreme Dhatu force completely overpowers the other two and compels them to join his own one by one, the life-energy is surely to be killed. But of the other two, even one of the forces remains friendly to the last, the life energy is saved from the impending death.

Lastly a question may arise that what then are the microbes found in the diseased system and whence are they? The above we will try to answer as far as possible in the following series of articles.

(As published in Bengalee in "Nabyabharata.")

A. C. MAJUMDAR.

Clinical Cases.

I.

A young man had a severe pain in the lower angle of the right scapula on the 30th. of November, 1912. He was of robust health but was exposed to night air on coming from a theatre.

Sticking pain aggravated by movement.

Deep pressure on the affected part arresting breath. Even touching the part is painful.

On taking a deep breath pain seemed to be aggravated.

Bowels constipated, much flatulence which causes considerable pain in the lower abdomen,

Bryonia 30, morning and evening, for two days. There was no improvement, but rather an increase of pain was visible. No appetite. No fever, but pulse is rapid and full. Ease in no position.

Ranunculus Bulb 3x. one dose three times a day. Pain relieved to a great extent and in two days complete cure was effected.

II.

Babu Nilmoni Dhur, aged 40, healthy-looking, suffered long from dyspepsia. Much flatulence, distress about the region of the heart, acid eructation after food. These symptoms were more marked towards noon especially after breakfast. Milk always disagreed with him causing flatulence and loose stools.

Yellow and white watery stools were passed with sound, attended with much griping.

Pulsatilla and Podophyllum were tried before I saw the patient. A dose of Natrum Carb 200 was given. Patient was much better the next morning. Placebo followed and cure was effected in a week.

III.

Babu Jogesh Chandra Ghose suffered from malarious fever along with slight enlargement of spleen. He was cured by repeated doses of quinine.

He came down to Calcutta and had a fresh attack. He was treated by allopathic doctors, but no benefit was perceptible.

Fever came generally in the evening with slight chill but much heat throughout the night.

In the morning profuse sweat and much relief. During fever much sleepiness, snoring, flushed face and great thirst.

Temperature at the height of the fever was 101° F. and during intermission 97° F.

Coldness of hands and feet, feeling exhausted during pyrexia, when the whole body became unusually cool.

No appetite, bowels constipated, hard balls passed with great effort.

Gelsemium 30 three times a day ; no effect.

Veratrum alb. 30 and 200 without any benefit. Morphinum 3x trituration stopped the paroxysms at once and complete cure was effected.

This is rather an unusual case and Morphinum is particularly indicated. I have been able to cure many inveterate cases of intermittents with it.

P. C. MAJUMDAR, M. D

Obituary.

DR. BAIKUNTA NATH MUKHERJEE.

We deeply regret to announce the death of our friend Dr. Baikunta Nath Mukerjee of this city. He was educated in the M. M. Bose's Homeopathic Medical Institution and on passing the examination commenced to practise in this city towards Pathuria-ghata. By his energy and perseverance he rose in his profession. His doors were thronged with suffering people and many were wonderfully benefited.

He studied Materia Medica thoroughly and prescribed according to the rules laid down by the Master—Samuel Hahnemann. So his success was great. He was a believer in high potency and his repetition of the dose was careful.

We have known Baikunta for a long time ; he was of a weak health and was rather unmindful in taking care of himself. These

combined brought on his untimely sad death. He was a very polite and unostentatious gentleman. We were always charmed with his simplicity of manners. We never saw him harsh and unkind to anybody ; to his colleagues he was eminently polite and courteous.

In him we have lost a truly Hahnemannian homeopath. He has left behind a large family to whom we offer our sincere sympathy and condolence.

USTILAGO MAYDIS.

(Continued from page 116, No. 4, Vol. XXII.)

We use *Ustilago* for passive hemorrhage from retention of secundines after miscarriage. That blood that keeps on oozing for days and weeks is darkish and coagulated. The uterus itself is enlarged and the cervix tumified and the patient complains of a constant bearing-down. There is profuse discharge of blood from the enlarged uterus and the flow is accompanied by backache and sharp pains across the lower abdomen from hip to hip. This flow of blood is sometimes intermittent. It stops and then on slightest excitent reappears again. We compare it therefore with :—

Ambragrisea, a remedy that has intermittent flow almost equally marked. It is also similar to our remedy from the fact that the hemorrhage that shows itself so often between the periods is caused by the least bit of exertion. A small ride, a little cycling, a walk longer than the usual stroll, lifting of a small trunk, going down stairs or up stairs a little more frequently, will bring on a discharge of blood. This remedy is marked by a great varicose condition of the veins. During menses the left leg looks almost blue from distended varices. There are also great itching of the pudenda, swelling of labia, dyspnœa, palpitation and anguish to help us to distinguish between *Ambragrisea* and other remedies.

And with *Bovista*, a great remedy for menstrual irregularity.

The blood shows itself between the periods as with the former remedies, but the distinctive point is that the flow is mostly during night and towards morning when she is lying down. During day when she is on her feet and moving about, the show is very slight. In this remedy the menstrual discharge is always ushered in with diarrhœa, and a puffy condition of her whole system.

And with *Calc. ost* our fat and flabby patient. The period shows itself quite as often during the same month, but this is due more to mental excitement than to overexertion. A passing disturbance of the mental equilibrium, such for example as is caused by a little anger, 'a slight discontentment, grief, worry and anxiety, is sufficient to cause a show of her period.

Ustilago causes neuralgia of the testicles. He complains of a constant, aching distress in the testicles more especially in the right.

Hamamelis has a similar symptom. The pains are very severe shifting suddenly to the bowels with nausea and cold sweat on the scrotum. Sometimes after gonorrhœa there is intense soreness and this is guiding.

Oxalic Acid is another where the neuralgic pain in the spermatic cord is almost terrible. The pain is much aggravated by the slightest motion.

There is one other feature of *Ustilago* that we have not yet mentioned and that is alopecia. We find a complete loss of hair under this remedy. Dr. Harndall (in the H. W, XXXVI, 27) relates of a case of alopecia in a bitch dog that he cured with *Ustilago* 3x, five drops given three times a day. The symptoms on which this remedy was prescribed were her tendency to abort and the hemorrhage to which she was a subject. His surprise knew no bounds when the above symptoms subsided and a perfect coating of hair sprung up

in three months' time. The other remedies that will help us in a similar affection are :—

Aur. met applicable mostly to syphilitic patients.

Carb-veg. useful when the trouble starts after severe diseases, abuse of mercury and during parturition. The falling of the hair is more marked on the occiput.

Lycopod, a great remedy for alopecia after abdominal diseases, after parturition. The scalp is full of eruptions and thick crusts which itch and burn on getting warm from exercise.

It is worth remembering that we should not prescribe for alopecia alone. The totality of the symptoms is our only guide. I sound this warning again and again for there is danger of a homœopath drifting little by little from his principle till he becomes a stranger to himself.

Jottings.

PIPERAZINE—"in renal colic is invaluable."

CHINA, low—"between attacks in all stone-colics has given me great service."

ODOFORM 2X—"saved a child from the claws of meningitis."

MYRTUS COMMUNIS—"cured more than one case of consumption with this remedy,"

HECLA-LAVA—"cured several cases of dental fistula where Silicea, Hepar, and such other remedies failed."

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collateral sciences.

The knowledge of disease, the knowledge of remedies and the
knowledge of their employment constitute medicine.

—HAHNEMANN.

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[No. 6.

THE DEGREE OF L. M. S. REINSTITUTED.

Since the establishment of the Calcutta University three degrees of medical studies were in vogue in this country. The first and the highest was M. D., the second, M. B., and the third, L. M. S. The first was, as is usually known now, the Doctor of Medicine, second, Bachelor of Medicine and the third, Licentiate in Medicine and Surgery. They are recognised as medical degrees and the recipients of these are eligible to practise medicine as an independent profession or have claims upon Government service.

In former years the qualifications for appearing in the M. B. and L. M. S. examinations were practically the same. Preliminary educational qualification for M. B. was passing of the Entrance and the First Arts examinations of the Calcutta University, and that for the L. M. S., was the Entrance only. In the third year pass examination of the Calcutta Medical College, the subjects for examination were common to both, with the difference that in the M. B. the candidates had to pass a compulsory examination in

Zoology or rather what is generally called the Comparative Anatomy.

The degree of M. D. was the last and the highest distinction in medical education. There were two other degrees available at that time.

A few years ago the examination for the L. M. S. degree was abolished by the authorities of the University. Now at a meeting of the senate of the Calcutta University, this degree has been reinstituted. There was a good deal of discussion on this point and we want to quote here rather extensively what our esteemed editor of the Hindu Patriot said on this subject.

THE L. M. S. REDIVIVUS.

Some seven years ago, the old and familiar examination for the diploma of a Licentiate in Medicine and Surgery was abolished and the examination for the degree of Bachelor of Medicine was left the sole avenue to the Medical profession, unless one elected to go to Europe to pass examinations there, some of which are comparatively easier. Now, the pendulum appears to have swung in opposite direction, and at the last meeting of the senate of the Calcutta University, a regular battle of standard was fought and won, as usual, by the party supported by Hon'ble the Vice-chancellor. The question before the senate was the motion, which stood against the name of Colonel Deare, Dean of the Faculty of Medicine, that the L. M. S. examination be re-instituted. The Vice-chancellor opening the proceedings discussed in a singularly lucid and closely reasoned speech, which reads like a judge's summing up to the jury, the arguments both for and against the proposal. He drew attention to the fact that the M. B. course with its travail of six years, imposes a strain under which many students break down and minimizes the number of the successful. Whereas if another and

easier door was provided, many of the unsuccessful might turn out successful. Colonel Deare said that the reinstitution of the L. M. S. examination would provide additional door wanted and at the same time ensure a standard which would be high enough to command public confidence. He submitted that the urgency of the case could have no better demonstration than was furnished by the simple fact that out of 196 students, who had entered for the M. B. course six years ago, only 45 were to go up for the final M. B. examination—or a percentage of little over twenty—and there was no certainty that all of them were destined to obtain their degrees. That would work out, we think, a still smaller percentage of success. Then we are told that there is a dire deficiency in the supply of qualified medical men for the mofussil.

Colonel Deare's proposal was supported by many eminent members of the faculty, but it was assailed by Dr. Nilratan Sircar supported by Dr. Kedar Nath Das and many others. The usual votes were taken and Colonel Deare's proposal was accepted by the majority. Our Vice-chancellor voted for Deare's proposal.

P.

MALANDRINUM.

THE GREASE OF HORSES.

The grease in horses is used for the purpose of vaccinating by the homeopathic physicians. It is called an internal inoculation.

Dr. William P. Wesselhæft reports a case in which the crust assumed a conical form ; a thick layer of crusts, if allowed to remain without removal, heaped up one half of an inch in height. They are fragile, moist, yellow, about the consistency of a honey-comb. It is from this crust that the

homeopathic preparations are made by trituration and fluid attenuations. Higher potencies are more efficacious and in general use in our school.

Dr. H. C. Allen says "From Jenner we have it that the origin of cowpox is infection of the udders of cows by contact with grass, on which a horse infected with grease has trodden ; while the other historical origin from a similar source of infection, also from Jenner, is that it was from the unwashed hands of the stable boys who milked the cows after grooming the horses infected with grease. These assertions are to some extent confirmed by the clinical experience of many homeopaths who have successfully used *Malandrinum* against infection with small pox, and for bad effects of vaccination." Dr. John H. Clarke says :—"It has been used on inferential grounds with great success in bad effects of vaccination. I have cured with it cases of unhealthy, dry rough skin remaining for years after vaccination, in smallpox, measles and impetigo."

Dr. Burnett cured with it a case of knock-knee in a child who was constantly handling his penis. His indications are : "lower half of the body affected, greasy skin and greasy eruptions ; slow pustulation never ending, as one heals another appears."

We have successfully used it as prophylactic against smallpox. A child in an European family was down with smallpox ; we have given others a dose of *Malandrinum* of 200 potency, every morning for four days and stopped. No other member of the family had smallpox after this. Since then we have given this remedy to several people with gratifying results.

We have tried it as a therapeutic agent in bad cases of smallpox and none of them died. It is also observed that in the beginning of a smallpox case if *Malandrinum* is given a trial, the disease does not appear in a virulent form. In all

cases of smallpox where I have given Malandrinum at an early stage, none was affected with the malignant form of the disease. So it is not only a prophylactic in smallpox but it is also a very efficacious remedy in all forms of the disease. In disease it should not be repeated too often.

Severe back-ache is a prominent symptom in the proving and is a prognostic sign of an expected attack of smallpox.

Intense pain across small of the back.

Backache is intense in the sacral region, in the dorsal region, under the shoulder blades, chiefly on the left side ; it is almost unbearable.

The skin symptoms are also prominent and various.

Two ladies had taken the 200th., one dose daily ; on the third day with one and on the fourth day with the other, a slight pustular eruption appeared on the face and chest. The eruptions were similar in character and ran their course in a week.

Skin rough, dry and harsh.

Skin greasy, oily eruptions and hair excessively oily.

Pustules slow to develop but never ending ; as one healed another appeared.

It is a very efficacious remedy in various skin eruptions in young children. I know of a baby who was born at the time of small pox epidemic and was down with eczematous eruptions many of which oozed considerable pus and were very itchy. He could not be vaccinated by the authorities of our city. I gave a few pellets of Melandrinum 200, and it had wonderful effect. The baby got rid of the eruptions and was free from other diseases for the time being.

P.

MY EXPERIENCE WITH THE HIGH POTENCY.*

P. C. MAJUMDAR, M. D.

Calcutta, India.

To us, Hindus, the value of minute doses of medicines is not altogether a novel thing. It will be found among the writings of our ancient medical literature that the value of any medicinal substance is neither destroyed nor its efficacy marred by minute subdivisions. Even the development of medicinal virtue by trituration succussion is recognized. It is said that the more a substance is triturated, the more its curative power is developed. It is not, therefore, surprising that when the light of Hahnemann's method was thrown to us, it was believed in toto and eagerly availed of by many thoughtful and wise men of our country. The scepticism is only observable among those who are imbued with modern materialistic views of the civilized western nations. There are only a few homeopaths in this country who do not believe and practise exactly in accordance with the dictates of Hahnemann's Organon.

When commencing to practise Homeopathy, I learned and believed the fundamental principles of Homeopathy, viz : the law of similars ; the use of the single remedy ; and the infinitesimal dose. But my dose did not go beyond the third or the sixth decimal or centesimal potencies, I repeatedly observed my preceptor, Dr. B. L. Bhaduri, to prescribe the higher and sometimes the highest potencies, but I placed no confidence in it. Gradually my views about the dose question have undergone great change.

In India, except Dr. Bhaduri, very few physicians used the high potencies. I remember long ago Dr. Bhaduri's wife used to suffer from periodical attacks of headache. It was ascertained after careful study of symptoms that *Iris versicolor* was her remedy. Lower potencies of this medicine were tried with partial benefit. At last and that was the last attack, our worthy doctor gave her a dose of *Iris v. c.m.* and no more headache since then. It was about ten

* This paper was sent to I. H. A. meeting 1894 and published in their Transaction.

years ago. Unfortunately I did not mind that lesson at the time. It now comes to my mind that the higher potency was the cause of the permanent cure in this case.

When I visited America last year, I had the good fortune to meet many members of our profession, and notably among them some who used very high potencies. From them I received the stimulus of giving high potencies a fair trial.

Charity begins at home. I had a very acute pain in the region of my liver. It used to come on in paroxysms almost every week, and sometimes at even shorter intervals. I tried several remedies when in India with partial success. When in Chicago I had a terrible attack, and my good friend, Dr. H. C. Allen, prescribed for me Chelidonium and since then the pains were not so severe. At the eve of my departure from Chicago Dr. Allen advised me to see Dr. Fincke of Brooklyn. This venerable and veteran physician took great care and prescribed for me. He gave me a dose of Lycopodium m. m. dry on the tongue, with the remark that this dose would cure my case. This dose was given to me on June 12th, 1893, and since then I have had no more attack. I shall ever feel grateful to Dr. Fincke.

Since my return home I have had the satisfaction to observe the decided efficacy of very high potencies in my own practice.

Here are two cases :—

I—Albuminuria.

A young man, aged about twenty-four years, had an attack of malarial fever five years ago. Had quinine and other allopathic medicines for an apparent cure. No enlargement of liver or spleen. Since then his health became indifferent. The present attack dated from January 10th, 1893. There was diminution of urinary secretion. Though thirst was great, a little feverishness was observed in the evening. There was marked puffiness of the lower extremities and abdomen. Slight cough with expectoration of mucus and a sense of suffocation in the region of the heart. These symptoms assumed a serious turn. The upper part of the body emaciated,

but the abdomen enormously enlarged. He was under able allopathic hands without any effect. Urine was examined. Abumen and urinary casts were also observed and the case was declared almost hopeless. He was latterly under a homeopathic physician when I arrived.

I observed him in the middle of August. It was a true case of *Lycopodium* and I prescribed it, c. m. The very next day amelioration of symptoms was noticed; urine profuse and swelling gone down, pulmonary and cardiac symptoms were abated. Placebo—two powders a day for a week. Suffocative sensation in chest was removed by a dose of *Apis* c. m. In a fortnight he was so much improved that he could walk a little. Placebo, one dose a day. Two more doses of *Lycopodium* c. m. were required in the course of a month, when he perfectly recovered.

II—Jaundice and Fever.

The patient, a young lad five years old, had an attack of fever in the beginning of August, 1893. He was under homeopathic treatment from the commencement of his illness. *Nux vom.*, *Mercurius* and other remedies were tried without effect. I saw him a day after my arrival here.

Enlargement of the liver; jaundiced-hue of the face and conjunctiva, fever with light chill without thirst, followed by continued and burning heat in the evening; liver painful on pressure, constipation with hard stool every third day; very great desire for warm milk and loathing for other articles of diet. The fever was rather of a remittent character. I gave him *Chelidonium* c. m., one dose dry on the tongue. The improvement commenced at once. I had to give him two doses of the medicine and he was perfectly cured. After the first dose the fever left and bowels acted nicely.

These two cases are sufficient to convince me or anybody else of higher potencies of our medicines. I am now treating my cases more with the higher than with the lower potencies. For this lesson I am and shall ever be grateful to my esteemed friend and colleague Dr. H. C. Allen of Chicago, who induced me to try higher potencies.

Now Mr. President and Members of the International Hahnemannian Association, I sincerely thank you for the honor you conferred upon me in electing me as an honorary member of this august body last year, when I had the good fortune of attending the meeting at lake Geneva.

The last meeting was a complete success, and I hope and trust that the meeting this year at Niagara falls, will be as gigantic as the falls themselves, and as successful, if not more so, than that of the previous year. I greet you, my colleagues, present at the meeting.

The thanks of the Association were voted to Dr. Majumdar of Calcutta, for his paper.

CUPRUM METALLICUM.

Copper has long been used in disorders of the bowels. It was known to the ancients. In India it is customary among the people to tie a copper coin around the waist of children. It is said to ward off such diseases as cholera &c. Cuprum is one of the few remedies recommended by Hahnemann for the treatment of cholera. What was prophesied then has been very well verified in practice. I quote here in full what Hahnemann said about the treatment of cholera.

"When the cholera appears, it usually comes on at the commencement i. e. in the first stage (with tonics spasmodic), character, the strength of the patient suddenly sinks ; he cannot stand upright, his expression is altered, the eyes sink in, the face bluish and icy cold, as also the hands, with coldness of the rest of the body, hopeless discouragement and anxiety with dread of suffocation, is visible in his look, half stupefied and insensible, he moans or cries in a hollow hoarse tone of voice without making any distinct complaint, except when asked, burning in the stomach and gullet and cramp-pain in the calves and other muscles ; on touching the præcordial

region he cries out ; he has no thirst, no sickness, no vomiting or purging.

In the first stage camphor gives rapid relief but the patient's friends must themselves employ it as this stage soon ends either in death or in the second stage which is more difficult to be cured and not with camphor. In the first stage accordingly the patient must get as often as possible (at least every five minutes) a drop of spirit of Camphor (made with one ounce of camphor to twelve of alchohol) on a lump of sugar or in a spoonful of water. Some spirit of Camphor must be taken in the hollow of the hand and rubbed into the skin of the arms, legs and chest of the patient ; he may also get a clyster of half pint of warm water mingled into two full tea-spoonfuls of Camphor and from time to time some Camphor may be allowed to evaporate in a hot iron, so that if the mouth be closed by trismus and he can swallow nothing he may draw in enough of Camphor vapour with his breath. The quicker all this is done at the first onset of the disease the more rapidly and certainly will the patient recover and often in a couple of hours warmth, consciousness, rest and sleep return and he is saved. If this period of the commencement of the disease so favourable to recovery and speedy cure by the above indicated employment of Camphor, has been neglected, then things look worse, then camphor is no longer serviceable. There are moreover cases of cholera especially in Northern regions when this first stage with its tonic spasmodic character is hardly observable and the disease passes instantly into the second stage of clonic spasmodic character ; frequent evacuations of watery fluid mixed with whitish, reddish or yellowish flakes and along with insatiable thirst and loud rumbling in the belly, violent vomiting of large quantity of the same fluid, with increased agitation, groaning and yawning, icy coldness of the

whole body, even of the tongue, and marble blue appearance of the arms, hands and face with fixed sunken eyes, diminution of all the senses, slow pulse, exceedingly painful cramps in the calves and spasms of the limbs. In such cases the administration of a drop of camphor spirit every five minutes must only be continued so long as decided benefit is observable (which with a remedy of such rapid action as Camphor manifests itself within a quarter of an hour). If in such cases decided benefit is not soon perceived, then no time must be lost in administering the remedy for the second stage.

The patient is to get one or two globules of the finest preparation of copper (prepared fine metallic copper as described in the second part of my work on chronic diseases); thus Cuprum o. oox moistened with water and introduced into his mouth every hour or every half an hour until the vomiting and purging diminish and warmth and rest are restored. But nothing else at all must be given besides; no other medicine, no herb tea, no baths, no blisters, no fumigation, no venisection etc.; otherwise the remedy will be of no avail. Similar good effects result from the administration of as small a portion of white Hellebore (Veratrum alb. o. oox.) but the preparation of copper is much to be preferred and is more serviceable, and sometimes a single dose is sufficient which is allowed to act without a second being given as long as the patient's state goes on improving.

The wishes of the patient are to be indulged in only in moderation. Sometimes when aid is delayed many hours or other and improper remedies have been administered, the patient falls into a sort of typhoid state with delirium. In this case Bryonia oox alternately with Rhustox oox proves of eminent service.

Here are some of the leading symptoms of the drug:—

Cholera morbus or Asiatic Cholera with tramps in abdomen and calves of legs.

Cramps in the extremities ; palms, soles, calves, with great weariness of limbs ; clonic spasm in the fingers and toes. Spasms and cramps ; constant protrusion and retraction of the tongue (Lachesis) when drinking, the fluid descends with a gurgling sound (Arsenic, Thuja). Compare Ars. and Veratrum in cholera and cholera morbus ; Ipecac the vegetable analogue."—H. C. Allen.

The stools are watery and frequent ; there is generally great restlessness with tossing about and constant uneasiness. The eyes are sunken with blue rings around them, excessive thirst, tip of the tongue is cold. Deathly nausea ; violent vomiting with violent colic and cramps. Violent pains in stomach, deathly spasm and constriction beneath the sternum with piercing screams. Spasms of the throat preventing speech, dyspnoea so intense that he cannot bear a handkerchief before his face. Urine scanty and suppressed. Soft slow pulse, weak and small. Intense coldness and blueness of the surface with cold sweat. The violent cramps, and spasms of Cuprum will distinguish it from Camphor, Veratrum and Argentum Nitricum. These cramps particularly affect the flexors, the muscles often drawing up into visible knots—J. B. Bell.

Cuprum as we all notice from the symptoms is a great spasmodic remedy in cramps ; it is perhaps the best remedy. These cramps may be localised or general. The more violent the cramps, the more difficult is the case and the more easily and promptly will it yield to Cuprum if timely administered. We have used this remedy most extensively and have derived admirable results. I echo Hahnemann's opinion even today as I have always found Cuprum yielding better results than Veratrum. Now there are different preparations

of Cuprum that we have used and to some of which we are peculiarly partial because they have yielded most excellent results in the hands of myself, my father Dr. P. C. Majumdar and my late grand-father Dr. Behari Lal Bhaduri.

Cuprum Arsenicosum stands at the head of the list. Its action is most prompt and it has been the saviour of many a life in my hands. The late Dr. E. M. Hale of Chicago first introduced this remedy. It received quite an extensive use in the hands of the late Dr. B. L. Bhaduri in cholera. Dr. Hale records his experience thus:—I first used in some severe case of cholera which occurred in 1867 and 1876. These cases were marked by the usual intestinal disorder to which were added severe and painful cramps in the abdomen and extremities. The alternation of Arsenicum and Cuprum did not prove as satisfactory as I expected but the use of Cupric Arsenite in the 6X trituration in water for children and dry on the tongue in adults generally acted promptly. I can recommend it in cholera infantum, spasmodic and neuralgic pain in the bowels accompanied by screams and cramps in the fingers and toes attended with great debility and threatened collapse. I have also used it with good effects in cholera dependent on a profound affection of the nervous centres, and presenting the well-known characteristic symptoms of Cuprum, united to the dyscrasia which always indicates Arsenicum. Cuprum aceticum and Cuprum sulphuricum are some of the other remedies that have been used with good results in this disease. Cuprum aceticum has been spoken of very highly by some of our local physicians. Its symptoms resemble those of Cuprum metallicum very much. Personally I have had no experience of the drug having never used it in practice.

I have lately used Cuprum sulph. in two or three cases with marked benefit. Below is the report of one of them :—

A case of cholera in a woman forty years old in Jugpara. The patient had been purging and vomiting since 10 P. M. of the previous night. I saw her at 8-30 A. M. She was having cramps in the extremities and abdomen. The pulse was almost imperceptible. The body was cold. Generally the patient's condition looked bad. Secale 30 was given every three hours. In the afternoon I had the report that she was no better. The vomiting was incessant and the vomitted matter was greenish. The cramps were also severe. Cuprum sulph. 30 every 2 hours.

1-2-09. Saw the patient this morning. She was much better in every way but she had not passed urine yet. Placebo every three hours.

3-2-09. Got the report that she was all right. Cuprum sulph. acted very nicely in this case.

J. N. MAJUMDAR, M. D.

STUDIES IN REGARD TO THE ACTION OF QUININE ON THE MALARIAL PLASMODIA—I

Continued from page 122 No 4, Vol XXII.

EXPERIMENTS WITH ISOTONIC SOLUTIONS.

The following isotonic solutions to blood were made up :—

1. Potassium oxalate.
2. Potassium oxalate saturated with anhydrous quinine.
3. Sodium chloride.
4. Sodium chloride saturated with anhydrous quinine (anhydrous quinine is soluble in 1750 parts of water).

Also the following solutions :—

5. Sodium chloride 1 per cent. Sodium citrate 4 per cent.
6. Sodium chloride 1 per cent. Sodium citrate 4 per cent saturated with quinine sulphate (Quinine sulphate is soluble in 750 parts of water).

To small test tubes containing 10 c.c. of these different solutions we added six to ten drops of malarial blood collected directly

from the patient's ear under aseptic precautions. For these experiments we used blood from a double benign tertian infection (*plasmodium vivax*); and the blood from a very severe infection of mixed quotidian and tertian aestivo-summeral (*plasmodium falciparum* quotidianum and *plasmodium falciparum*). In some instances the blood corpuscles were washed in the isotonic solution, while in others washing was not resorted to. In two experiments 10 drops of foetal blood from fresh umbilical cords were added to the solutions containing malarial blood with the idea of supplying more available corpuscles to the parasites should segmentation take place in the test tubes. The corpuscles were drawn at intervals from the bottom of the tubes by means of sterile pipettes. In all these experiments hæmolysis was prominent after twenty-four hours inspite of attempted isotonicity of the solutions.

We report the results of some of these experiments as follows:—

1. *Plasmodium vivax* removed from patient six hours before the onset of the paroxysm found active after fifty hours and fifteen minutes in potassium oxalate; four hours in sodium chloride, and three hours and forty-five minutes in sodium chloride, sodium citrate and quinine sulphate. 2. *Plasmodium falciparum* removed from patient one hour before the onset of paroxysm found active after forty-eight hours in potassium oxalate, and after forty-eight hours in potassium oxalate and quinine sulphate. We do not consider these experiments of sufficient value to enter into details, since hæmolysis was evidently an important factor in the destruction of the parasites in spite of our efforts to avoid it.

DISCUSSION.

An important consideration to be borne in mind is that pointed by Nocht; namely, that the trypanomes are killed by quinine outside the body, while this drug has no influence on them when they are circulating in the blood of a case of sleeping sickness. This disease, therefore, does not yield to quinine, but it does to arsenic.* In our experiments the plasmodia always died as soon in arsenic 1;

* The form of arsenic most commonly used in this condition is atoxyl

2000 as they did in quinine 1 : 2000, and usually sooner. This is simply another factor which throws a shadow of doubt on the Bins theory, but it need not deter us from further researches with the organisms outside the body, providing we can actually cultivate them. If we can cultivate malarial plasmodia in the presence of a quinine solution, the strength of which shall be equal to that obtained in a patient's blood during a prompt quinine cure, we shall have a valuable argument against the direct paraciticide theory. In these attempts which have been begun we are using dextrose media with which Bass and Johns have apparently had so much success.

It will have been observed from the conclusions of each of our experiments here recorded that we may place very little importance on the results obtained. The only deductions which can be drawn are :—(1). That if quinine acts as a direct paraciticide it does not seem to destroy the parasites outside the body as quickly as we should expect from the definite effects produced on these organisms after small doses administered to the patient. (2). That such experiments outside the body are unsatisfactory since the plasmodia are subjected to unfavorable conditions other than quinine. (3). That only by cultivating the malarial organisms in the presence of quinine can we hope to definitely refute harociticide theory by laboratory experimentation.

(arsenic- acid anilide). The curative effect of this drug in sleeping sickness cannot be compared with the specificity of quinine in malaria. Ullrich (*Archiv. f. Schiffs- u. Tropenhygiene* 1911, 2.) in a series of nearly 800 cases of sleeping sickness treated with injections of atoxyl obtained a complete cure in 25 per cent of the cases. How atoxyl acts on the trypanosomes is a question which seems to be more widely disputed than the question of how quinine acts on the malarial plasmodia. Some see a direct action on the trypanosomes from the arsenic which is split off, from complex reduction products, or from combinations of atoxyl with the body albumins, while others see an indirect action from the stimulation of antibody production by this drug. The results of most of the researches to date would appear to favor the theories implying a directparaciticide action.

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— *The New England Medical Gazette.*

PULSATILLA NIGRICANS.

[*Acne, Abortion, Agalactia, Amblyopia, Aphonia, Asthma, Backache, Bronchitis, Catarrh (gastric), Chilblain, Chlorosis, Colic (flatulent), Conjunctivitis, Constipation, Convulsion, Coryza, Cough, Cystitis, Deafness, Diarrhœa, Epilepsy, Erysipelas, Fever (Typhoid), Granular lids, Headache, Hiccough, Hydrocele, Hysteria, Lumbago, Labor pain (deficient) Leucorrhœa, Mania, Mastitis, Measles, Melancholia, Metrorrhagia, Mumps, Neuralgia (facial), Nose-bleed, Ophthalmia, Ovaritis, Odontalgia, Otitis, Otitis media, Ozena, Palpitation, Phthisis florida, Piles, Orchitis, Otalgia, Placenta (retained), Prostate (enlargement of, inflammation of), Paralysis, Rheumatism, Sore throat, Sty, Synovitis, Tape worm, Toothache, Urticaria, Uterus (prolapsus of), Vertigo.]*

There are two varieties of Pulsatilla, the *Pulsatilla nigricans* and the *Pulsatilla nuttalliana*. It is with the former variety that we are concerned just now. It belongs to the natural order of Ranunculaceæ and in the common parlance it is known as the Pasque flower and the Wind-flower. It grows plentifully in the sunny and the sandy soils of central and northern Europe. The tincture is prepared from the fresh plant when in flowers by adding two parts by weight of alcohol to the chopped and pounded pulp. This drug was first proved by our indefatigable Master Samuel Hahnemann.

Pulsatilla is one of the polycrests of our *Materia Medica*. There is scarcely any disease where this remedy is not useful. The long list of ailments prefixed to the study of this remedy clearly testifies to its wide range of application, but as it has been said of all our remedies, it is only useful when it is indicated.

You can mark out a *Pulsatilla* patient from a big crowd of people, for none in that big lot will present such a phlegmonous, mild, yielding disposition as this one. She is so gentle that she can hardly say a cruel word to anybody. People very often take advantage of her sweet disposition. Say what you will to her, she is always the same forbearing

patient creature. A Pulsatilla wife never quarrels with her husband. She is far from those hasty irritable housewives that return tenfold of whatever they get. She is a little indecisive in her character. She keeps on brooding for hours as to what course to follow. Promptitude, dogmatism, and vehemence are traits unknown to her. This is one main reason why she is so much loved by every body that knows her. The only drawback of her character is her *weeping mood*. The least thing throws her out of her balance. In fact she cries even when nothing has happened or at least it is very hard to account for it. Thus for example when she comes to her doctor for a trivial ailment, which a more cheerful disposition will overlook, she will almost break her heart while telling him about it. We find these patients almost every day in our practice. This tendency to weep and to cry is, I consider, the most important feature of the Pulsatilla patient. By this I don't mean that this is the only remedy we have for lachrymal mood. There are others almost as important but every one of them is characterized by its distinctive marks of difference.

Thus our *Nat. mur* patient is equally sad but in her case it is more noticeable when somebody sympathises with her troubles. At ordinary times she can control her tears but when people console her for the treatment she has suffered or the loss she has sustained or the troubles she has gone through, she loses all control and outgushes the pent up whirlpool of her sadness. This great sadness is accompanied by palpitation and intermittent pulse.

Our *Lycopodium* patient is exactly similar. It is hard for her to control her tears when she is *thanked* for some good office she might have done. When she cries she cries aloud.

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To be continued.

BERI-BERI.

A JAPANESE DISCOVERY.

Whether bread made from whole wheat flour or from white flour is the better has long been disputed. A discovery just made by four eminent Japanese physicians seems to settle the matter in favour of the whole wheat which contains the bran as well as the white-flour. The four Japanese, Drs. Suzuki, Shimamura, Odakes, and Kozai, have been studying that terrible disease called beri-beri, which is so prevalent among peoples living upon rice. It was already known that beri-beri attacks principally those who called "polished" rice—that is the grain from which the husk has been removed, and that it can be cured by a diet of whole "brown" rice—that is, grain on which the husk still remains. In the course of their investigations the four Japanese doctors analysed the alcoholic extract of the bran of rice. In it they found a new alkaloid, to which they have given the name orizanine. And this, it seems, is the most important constituent of bran, not only that of rice, but of wheat, barley, and oats.

The importance of orizanine was proved by careful experiments on animals, such as chickens, pigeons, rats and dogs.* These were fed on an artificial diet composed of, the proper quantities and proportions of proteids carbohydrates, fats, and mineral salts, with bran of all kinds carefully excluded. Without exception they failed to thrive, but as soon as a very small proportion of orizanine was mixed with their food they recovered and afterward thrived. Drs. Suzuki, Shimamura, Odakes, and Kozai, communicated the results of their investigations to the International Bulletin of Agriculture. They hold that the husks of wheat, oats, rice, etc., are thus proved to be of great food value by

reason of this active principle called orizanine. Therefore it seems as if the weight of evidence were in favour of the "whole-wheat" bread.

RHUS.

BY T. G. STONHAM, M. D.

Belonging to the natural order Anacardiaceæ are several varieties of rhus or sumach. They are the *Rhus aromatica*, *Rhus diversiloba*, *Rhus glabra*, *Rhus radicans*, *Rhus toxicodendron*, and *Rhus venenata*. Separate provings have been made of all these except *Rhus aromatica*. Hahnemann proved rhus, and heads the proving in the "Materia Medica Pura" *Rhus radicans*, also called *toxicodendron* and though *toxicodendron* is a shrub with erect stem, 2 to 4 ft. high, and *R. radicans* is a climbing plant with rootlets on the stem to afford it support, yet botanists agree in recognizing no distinction between the two other than that of habitat, and it is not quite certain which of the two was used by Hahnemann, but most probably it was *R. radicans*. *Rhus radicans*, or the poison ivy, grows in thickets and low grounds in North America, flowering in June ; it has a tortuous stem, 4 ft. to 30 ft. high, profusely studded with dark-coloured rootlets, by which it clings to its support. The milky juice which exudes from incisions of the plant turns black after exposure to the air, and is used as a marking ink. The tincture is made of the fresh leaves gathered at sunset just before flowering time. The poisonous properties have been shown by Pfaff to be due to a neutral body, *toxicodendrol*, which has irritant properties similar to those of cantheridin, and it is to this that the dermatitis caused by the plant is due. He recommends that in the dermatitis caused by the poison ivy the

skin should be washed and scrubbed with soap and water, or with alcohol, or a solution of lead acetate in alcohol. Ointments and oily liquids are to be avoided, as they dissolve the toxicodendrol and spread it over the skin, and so increased the area affected. For the same reason alcohol used to wash the part must be removed entirely, as the poisonous principle is soluble in it.

Rhus venenata, or poison elder, or swamp sumach, is the most irritating to the skin of all the sumachs, exceeding even *Rhus radicans* in this respect.

Phillip describes the effects of rhus as follows :—" The effects produced by rhus when absorbed by the skin, either from exhalations from the plant or otherwise, are redness and swelling of the affected parts, and, if referable to exhalations, more particularly in the face and eyes, in which last there is burning, with inflammation of the lids, and agglutination of them in the morning. Subsequently there is swelling, with pain, and often a considerable increase of temperature, and the inflamed surface is generally studded with vesicles. Combined with these symptoms there is an almost unbearable amount of itching, which is not confined to the patches of inflammation, but diffuses itself more or less over the whole surface of the body, eventually extending to the mucous membranes, as indicated by redness and swelling of the throat and mouth, with, ordinarily great thirst, irritable cough, nausea, vomiting, vertigo, dullness and stupefaction of head, and colicky pains throughout the abdomen. These last are chiefly experienced during the night, and are aggravated by eating and drinking. Diarrhœa frequently ensues, accompanied by tenesmus, and the stools are often bloody. There is often retention of urine, or else diuresis, and the water is frequently accompanied by blood. Rhus also induces pains, apparently of a rheumatic kind,

which are felt not only in the limbs but in the body, though most especially about the joints. Pain and stiffness in the lumber region are often induced, and to these affections is often added a sense of numbness in the lower extremities. The structures most powerfully affected seem to be the fibrous ones. The pains in question are accompanied by a very slight amount of swelling ; and singular to say, they become intensified by rest and warmth. Sleep is greatly disturbed the patient becoming restless, constantly turning about, and often suffering from great nervous depression.

"The fever which sometimes accompanies the effects of rhus, though by no means a universal symptom, usually occurs when present in the later stages, and generally partakes of a typhoid character. It is often attended by delirium, the lips are apt to become dry and parched, and to be covered with a brownish crust. Sometimes it assumes an intermittent character, and is then usually marked by profuse perspiration."

The above described effects of rhus, though so distressing to whomsoever may have to endure them appear, however, to be very seldom fatal, and it is remarkable that a certain constitutional predisposition appears requisite to their occurrence, so that it is only individuals who are in danger. It is just this contingent susceptibility which makes the cases of poisoning by rhus so valuable as affording indications for its homeopathic use.

There are some other points with regard to poisoning by rhus not mentioned by Phillips ; one is that a person may be poisoned by the exhalations of the plant without actually being in contact with it, and not only so, but being so poisoned may affect a third person who has not been near the plant at all. And then again there is a remarkable tendency for the primary eruption to be repeated at long

periodic intervals without any fresh exposure to the plant. The following proving exemplifies the points :—

“ In June, 1871, Mrs. V. suffered very severely from a burning and itching eruption covering the entire face and neck, both mammae, external genitals and neighbouring parts of thighs and abdomen, also both hands and wrists. Her husband at the same time suffered from a similar eruption, though not so severe on both hands; and an infant had it very slightly about mouth and chin. A week previous to the appearance of the eruption husband and wife had been to a picnic, and he had fastened his horses to a bush covered with a vine, the character of which he had not observed. The wife did not approach the plant, and the child had been left at home. The disease ran its course, terminating desquamation, with any benefit from treatment. Her suffering was so intense for several days, that I was compelled to keep her under the influence of morphia.

“ On May 6, 1872, (eleven months later), the eruption again broke out, appearing simultaneously in all the localities attacked the previous year. It began with swelling, redness, intense burning and itching. During the next twenty-four hours the inflamed surfaces became densely covered with minute vesicles, which soon ruptured, and poured out very copiously a yellowish serous fluid, which collecting in the most dependent parts desiccated into amber-coloured semi-translucent incrustations. Nothing relieved till carbolic acid with glycerine was applied. No trace of disease finally remained to mark its localities.

“ On May 30, 1873, the eruption appeared for the third time. It began with itching and burning on the right temple, slight redness but no swelling. Next day the right eye was entirely closed, and its swelling extended over adjoining parts of the face; it was red, firm, and inelastic, no

pitting. The part first attacked was covered with minute vesicles ; exudation very copious and seems to irritate the inflamed face ; burning and itching intense ; no fever. Swelling extended still further, and vesiculation occurred in parts about the eye. Improvement set in after bathing the surface with a solution of carbonate of soda."

The cases of poisoning show an unmistakable influence of rhus on the skin and mucous membranes, with a particular kind of fever and affection of the nervous system and of the fibrous tissues, and these latter symptoms are still further developed by the provings. The kinds of skin disease in which rhus has been found curative are just those answering to the poisonous effects of the drug ; they are the vesicular eruptions on an inflamed base, such as acute vesicular eczema, herpes, and punctate or impetiginous or ecthymatous eruptions resulting from the vesicles become postular, or bullous eruptions from vesicles coalescing, such as pemphigus. Itching with burning worse from scratching are characteristic indications, as is also the presence of an inflamed margin around the spots of eruption. The same tendency to vesication and the formation of bullæ occurs in the erysipelas for which rhus is suitable. It occurs mainly on the face, the scalp, and the genital organs ; the affected parts are dark red, and the inflammation travels from left to right, thus distinguishing it from *Apis*, where the inflammation extends from right to left, and in which also there is much oedema, and marked absence of thirst. Teste describes the action of rhus on the skin as that of a corrosive caustic which from its extreme subtlety has a tendency to invade large surfaces rather than to penetrate deeply into tissues. Its power of causing erythema gives it a place in the treatment of the exanthemata and especially of scarlet fever, to which it is further similar in its action on throat and cervical glands. The exanthe-

matous rashes for which rhus is suitable itch and burn much, and there is bodily restlessness ; the type of fever should also correspond to that of rhus presently to be described.

As an illustration of the action of rhus in skin diseases I may mention a case recorded by Dr. Mackenzie : "G. G., aged 6, bullous eruptions on scalp, face, neck and wrists, of some duration, coming out in crops, the older bullæ drying up and leaving black crusts. Heat and irritation about the spots. Rhus tox 3x. Irritation subsided the first week, cured in six weeks."

Dr. Clarke says that rhus venenata is a useful topical remedy in itching, burning chilblains. The mother tincture painted on relieves almost instantly, and practically cures the chilblains in a large number of cases.

It might be necessary to keep a close watch on the treatment if a person very susceptible to the action of rhus were the patient, as the following case of poisoning will show : "A gentleman, aged 30, hearing that rhus venenata was successful in the destruction of corns, applied the tincture to one on the left foot four times, using the fingers to rub it in. (He considers that by pulling the sock on diffusion over the foot occurred, and by possible change of socks the other foot became influenced.) There came on intolerable itching and burning in the left foot, vesicles formed there, and the skin became congested, thick and stiff. Rubbing and stroking the part increased the itching, as also did exercise. Similar itching and burning was now experienced in the scrotum, forehead, eyelids, front of neck, and right foot, attended with slightly puffed appearance of all these parts. On the fourth day vesicles came out on the right foot, also in the bend of the left elbow ; occasional formication was felt in the affected parts. On the morning of the fifth day the vesicles began to break, scabs following ; the legs were œdematous.

pitting on pressure. On the sixth day there were vesicles on the fingers and the back of the right hand. As the vesicles broke and desquamation commenced, acute inflammation of the surface, of dark red colour, supervened, with intense prickling heat, as though a hot iron plate was held in close proximity to the swollen parts, flashes of heat, as though a steam of hot air was passing over the body, with throbbing and tearing pains extending from each temple back to occiput and down neck to each shoulder. There was suppuration of the skin on the whole of the dorsum of the left foot, and occasional patches of it of the size of half a dime to a dime half way up to the knee, also on the right foot and fingers; these went on to deep, corroding, phagedenic ulcers, burning, prickling, and discharging thin, straw-coloured, acrid, and very foetid pus. By this time he was somewhat emaciated and peevish and fretful to an extreme. The intensity of the symptoms continued about three weeks, but it was three months before he was entirely free from them." This case shows that rhus is homeopathic to ulcers, and to cellulitis, in both of which it has been successfully used, as well as in boils, which also followed the primary symptoms in two of the provers of rhus venenata. The power of rhus radicans also to produce acute suppurative inflammation is shown in a case of poisoning by it, observed by Dr. Helmuth, in which the symptoms were all those belonging to septicæmia. "Suppuration took place in the ankle, which was affected with synovitis; the patient also had vesicles in the mouth and throat, and large purple bullæ over the leg, which was immensely tumefied and red together with a toxæmic expression, which was remarkable in every respect." Rhus affects the lymphatic glands all over the body, especially the axillary, causing them to be swollen and tender, and this action, together with its power to induce cellulitis and a septicæmic

condition, with accompanying bullæ, makes rhus very homeopathic to plague, in which it has been used with good results.

And this brings us to the consideration of the rhus fever. Fever when it occurs in rhus poisoning is a late phenomenon, and usually of a typhoid character. It is probably at first sympathetic with the dermatitis set up, but later a febrile condition of low and nervous type is set up with diarrhoea and prostration ; there is a toxæmia. The fever takes a typhoid form. The symptoms which indicate rhus in typhoid fever are these : The patient is of a mild temperament, and the delirium is of a mild character, and not violent, the patient is very restless, both mentally and physically and may exhibit a disposition to jump out of bed or to try to escape. He constantly tosses about the bed, first on one side, and then on the other, and apparently relieved for a short time by the change in position. At the same time there is a good deal of prostration, and if he is conscious he feels himself very weak. There may be delusions ; he may fear being poisoned, and refuse to take his food or medicine. As the stupor progresses, the patient answers question reluctantly or petulantly, but he is not violent. There is a headache as of a great weight in the forehead, and often associated with a rush of blood to the head. The headache may be relieved by an epistaxis of dark red blood. The tongue is dark brown, dry, and cracked ; the cracks gape and bleed ; there is often a red triangle at the tip of the tongue. The patient has diarrhoea, with yellow, brown, cadaverous smelling stools, which may be passed involuntarily. There are tearing pains in the limbs, with almost intolerable backache. He is restless in sleep, dreaming of roaming over fields and undertaking arduous labours, or he dreams of the business of the day.

In all kinds of feverish conditions taking this form, rhus will be the remedy, no matter whether it occur in typhoid fever, influenza, septicæmia, or any other kind of fever. Hahnemann used it as a principal remedy for the epidemic fever which ravaged Germany in 1813. He treated 183 patients without a single death.

Rhus is useful also in the exanthemata when the symptoms correspond, especially measles and the rheumatic form scarlatina, also in dengue and in intermittents. In intermittents a keynote for it is, "cough during the chill." The patient likes to be close to a fire or other warm place both during the chill and heat, and can not bear any exposure to cold air. Tertian fevers are often associated with nettlerash, which disappears after the attack. Dr. Winterburn relates a case showing several rhus symptoms, and cured by that remedy : "James S., aged 29, had had intermittent fever several years ago, and was subject to rheumatic attacks. Complained of intense throbbing headache, giddiness on turning or stooping ; face and eyes congested , thinks he has been poisoned ; pain in the left wrist and throbbing in the hand synchronous with the throbbing headache. Temperature 100° 2° F. ; pulse 78. He was given glonoin for three days, which relieved the headache, but the reumatoid pains extended, the temperature rose to 101. 5 F, and petechiæ appeared all over the body. Patient was restless and apprehensive, felt drowsy, but could not sleep ; prostration, constipation, bitter taste, dry tongue, sore gums, dreams of great exertion. Phosphorus was at first given without results, then rhus venenata 30, which speedily cured."

It has been mentioned already that rhus has a similar action on mucous membranes to that which it has upon the skin, especially of the gastro-intestinal tract which is one of the seats of the specific action of rhus. It consequently

causes many symptoms of disturbed digestion and disordered intestinal action. There is an œdematous condition of the fauces, soft palate and uvula, with vesicles upon these parts with itching, smarting and burning. This is a condition of throat sometimes met with in influenza, together with much prostration or debility, and rhus is very suitable for it. A similar condition of the throat may occur in scarlet fever, rotheln, or measles, and would then be appropriately treated with rhus if other symptoms corresponded. In rotheln the influence of rhus on the lymphatic glands as well as the throat and the erythema makes it a likely remedy. There is a dryness in the throat and thirst, although there may be some salivation. The taste is putrid, clammy, bitter or sour, but this taste is not imparted to the food, which tastes as usual, except that bread may taste bitter. There is usually Anorexia. Swallowing is difficult and painful as from contraction of the throat and œsophagus. "Pain in the middle of the back on swallowing" is characteristic. The stomach feels as if overloaded or as if a stone were in it. There are risings with taste of food and eructations which seem to be transferred to the right side of chest as if it settled there. Drowsiness after eating. There is a good deal of flatulence with distension of the abdomen and often colic for food or drink. A sensation in the abdomen as if something were torn away ; swelling of the inguinal glands. The evacuations are loose, watery, mucous or bloody ; or there may be dysenteric diarrhœa, or dysentery of jellylike odourless stools after midnight, preceded and followed by much pain with great restlessness. There is also under rhus a nocturnal diarrhœa with colic, headache, and pains in all the limbs relieved by an evacuation or when lying on the abdomen. Dr. Guernsey says it is a specific in dysentery when the pain runs in streaks down the limbs with every evacuation. Consequent-

lyrhus is beneficial in diarrhœa and dysentery associated with low general conditions, as typhus, scurvy, and as we have seen in typhoid fever. The following is a case of diarrhœa cured by rhus recorded by Dr. Henry Madden : "A lady aged 80, had what appeared to be autumnal diarrhœa, but which did not yield to medicines, and after a time assumed the following characters. Stools dark brown, thin, very fœtid, eight or ten daily, chiefly in the early morning and between 4 and 6 p. m., more or less mucus, occasionally pus and blood-clots. Hanging down the legs always brought on urging to stool. Very weak. Appetite good, tongue clean. No medicines were of any avail till rhus radicans 30 was given, when in a fortnight the stools were reduced to two soft but firm motions daily."

"On the respiratory system rhus does not appear to have much influence, but nevertheless, there are some peculiar and characteristic symptoms. The cough is spasmodic, dry, hard, and fatiguing, with sensation as if something is torn loose in the chest, and often with a taste of blood in the mouth without actual blood being present. There is cough during the chill in intermittents. Putting the hand out of bed brings on a cough. The cough is principally in the evening before midnight.

There is a symptom of the nose worthy of note, "nasal mucus runs in profusion involuntarily out of the nose, as in the most severe coryza, though he has not got coryza, in the morning after rising from bed." This is a symptom often met with in goutily disposed people who suffer from asthma and other complaints. Usually when this morning discharge of mucus from the nose takes place, their asthmatic symptoms are better and become worse if this discharge becomes suppressed. This symptom and another one, viz., "pressure at the stomach and scrobiculus, often with

obstructed respiration," as if a contraction in the stomach prevented breathing, would make rhus worthy of consideration in the treatment of asthma, especially if the patient were subject to eczematous skin eruptions, or to herpes labialis.

Next to its action on the skin the most prominent sphere of influence of rhus is the fibrous tissues. The provings bring this out strongly, stitching and tearing pains and aching stiffness being found in all the limbs and in the neck and back. The fibrous tissues affected are the aponeuroses and tendons of muscles, the ligaments about joints, the connective tissue, and the sheaths of nerves. No remedy has a more profound action on the fibrous tissues than rhus. It produces a wearing stiffness and aching in the neighbourhood of the joints, but the synovial membranes appear to be unaffected, so that the action of the drug is on the capsule and ligamentous and tendinous structures which surround the joints. Consequently it is not often the remedy in acute articular rheumatism in the early stages when there is swelling of the joints, though it may be if the rhus characteristics of restlessness and amelioration by movement are present ; but it is of great use in the later stages when the articular effusion has subsided and the patient is convalescent, but there remains a painful stiffness about the joints. The great modality of rhus in all these affections of fibrous tissue is "worse at rest, better on movement," This characteristic was noticed first by Hahnemann, and he extended its applicability to the affections requiring rhus in general. He says, "We observe this curious action (which is found in very few ~~other~~ medicines, and in these never in such a great degree), viz., the severest symptoms and sufferings are excited when the body or the limb is at rest and kept as much as possible without movement."

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The knowledge of disease, the knowledge of remedies and the
knowledge of their employment constitute medicine.

—HAHNEMANN.

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[No. 7.

BAPTISIA.

Can typhoid fever be averted ?

Baptisia is a grand remedy. Its usefulness in typhoid fever has been thoroughly established. Years ago Dr. Bays of London raised the question whether typhoid fever could be checked and its long duration could be shortened by the timely administration of Baptisia. Many were of opinion that typhoid fever could not be averted or shortened by any known means. It must take its course. Much less Baptisia had any effect in this condition. But subsequent researches and experiments conclusively proved that Baptisia to a great extent mitigated the ravages of typhoid and cut short its duration. Dr. Richard Hughes of London, after thorough enquiry and searching after the records of various homeopathic authors and practitioners came to the conclusion that typhoid fever could be averted by the timely administration of Baptisia.

Dr. Bays also was of the same opinion and he said that the proper time for giving Baptisia to check the typhoid fever was in its early stage and if that stage was passed, nothing could be done in getting its effects in this direction.

Baptisia undoubtedly proved to be the prophylactic or more properly speaking abortive remedy in the treatment of typhoid fever. We know from repeated experience that this remedy if properly administered can do its work wonderfully. When typhoid fever prevails in an epidemic form, this remedy comes forward to cure and abort many cases. Two years ago in a family where homeopathy has some hold, a young man of about 18 years had an attack of typhoid fever. By the importunities of near relatives the case was given to the allopathic physicians. They treated the case according to their various resources. But the effect was nil, the case went on worse and worse and succumbed on the 21st day of the attack. The brother of the patient had subsequently been attacked with the same malady, rather in a worse form. He was a boy of fourteen and of plethoric habit. He was placed under our treatment and a complete cure was effected in a much shorter time and in an easy way. Baptisia was given in the first stage of the disease and it did its work wonderfully; of course some other remedies had been given according to the change of the symptoms.

Years ago I had the misfortune to treat some very bad cases of malarious dysentery. In one case typhoid symptoms developed and the patient died. This patient was under the treatment of an allopathic physician, of great repute. The second case which was also a bad case, had been under a homeopathic physician from the beginning. Though some improvement was noticed in the commencement, the patient died from exhaustion. The third was that of a little girl of five years who had the same ailment. I commenced the treatment of this case rather in an advanced stage. Frequent bloody stools with great straining, aphthous sores in mouth, low type of fever, considerable thirst and great prostration. I

gave her Baptisia in low potency and in frequent doses. The cure was effected in six days. Only this remedy was given in the whole course of the disease. The homeopathic physician of the previous case was also present with me and he said he was indeed surprised to see Baptisia used as a remedy in typhoid dysentery.

In former years, i. e. in our early years of homeopathic practice we used to give Baptisia in the lower potency, mostly the 1x tincture in drop doses. Now I find that higher potencies are more efficacious than the lower, especially if we want to cut short typhoid fever. In some cases I find, failing with the 1x, the 30th and higher potencies very efficacious. In this country ordinary malarious fevers take on a typhoid condition, that is to say, develop all the symptoms and signs of genuine typhoid fever. In these cases along with the other indicated antimalarious medicines Baptisia holds a higher rank, in curing the so-called typhoid malaria. In this latter variety of fevers, all pathological lesions, ulceration of Peyer's patches, obstinate ulcers in the glandular structures of the intestines may be noticed post mortem. Baptisia may be credited to give an impetus to prevent the disease to go on such destructive termination. It should be timely administered. By this I mean before it goes on to a condition far advanced for a cure.

In one case I remember to have given Baptisia in lower potency very frequently. That had no effect whatever. I then changed it to one of the 200th potency and the efficacy was observed then and there after giving three or four doses of it, the temperature came down to normal and the patient was convalescent. Baptisia not only checks typhoid but it can reduce the high temperature in remittent fevers when properly indicated. This I had several times verified in my practice. In these cases I thought that these febrile

conditions would lead to typhoid fever, if *Baptisia* was not given. Whatever it may be, I am strongly inclined to think that typhoid fever can be arrested in its full development by the timely administration of this grand remedy.

P. C. MAJUMDAR, M. D.

Clinical Cases.

P. C. MAJUMDAR, M. D.

I. Hæmorrhoid.

An elderly gentleman of spare built and anæmic condition came under my treatment for piles in September 1910. He suffered long from constipation and dyspeptic symptoms of various kinds.

Now he had number of piles both inside and outside of anus.

They were very painful to touch and the pains are aggravated after stools.

Warm water application relieved him.

Ameliorated also by passing flatus.

Stools hard and knotty, passed with difficulty, and before passing stools the patient had to pass a good deal of wind, otherwise the stools were not expelled.

Appetite poor, inclined to have nausea after food.

All symptoms were worse in the afternoon.

Mind naturally mild but constipation especially made him very irritable and impatient.

Nux vom. 30 and *Sulphur* 30 had been tried without much effect.

Lycopodium c.m. cured him in a week's time; no repetition was necessary.

I restricted his food to vegetables and fruits.

He was foud of animal food especially fish and prawns.

II. Hiccup.

Babu H. Pande, a robust youngman of Howrah partook of some highly seasoned food and kept up late at night, had an attack of disturbing hiccup and great debility on the 27th February, 1913. He placed himself under a homeopathic physician of the place who gave him *Nux vom.* 30.

There was constant hiccup, bowels very much constipated, no stools for two days. In the time of hiccup, he said he felt burning sensation in chest and as if the hiccup was strangulated there, he could not pass it up.

There was much flow of saliva, from the mouth, some flatulence and no desire for food. Disturbed sleep at night, during sleep he was free from hiccup.

* *Argent. nit.* 200, one dose, dry on the tongue.

In the evening I was telephoned that he had vomited twice of bile and acid. Hiccup was somewhat less in frequency.

Placebo one powder three times a day.

Next day much better, had one hard stool, no vomiting, flow of saliva less.

Placebo. There was no further improvement, one dose of *Argent. nit.* and placebo.

No more hiccup, but burning in chest troublesome, no stools. *Sulphur* 200 one dose completed the cure.

III. Tumour in the neck.

An elderly woman came to my clinic with a big growth in the right side of the neck as large as a small *Bael*. She presented herself at the Medical College Hospital where it was declared to be a cancerous growth and no operation would do her any good. She suffered from malarious fever for sometime and that reduced her to a skeleton, much emaciated and anemic.

Burning sensation in the tumour. It was very hard and moveable. No tenderness on pressure but hard pressure gave her little pain.

She had occasional acidity and heart-burn.

Bowels constipated.

Great weakness, especially about the knees.

Breasts were shrunken.

Cutting and throbbing headache, especially on vertex aggravated by walking about.

Arsenic Iod. 30, morning and evening, for one week. Headache less frequent and no fever.

Placebo, another week. No more improvement, Conium 200 one dose and placebo. Tumour seemed to be light and more moveable.

Ten days after another dose of Conium 200.

Improvement was perceptible. Placebo.

The tumour was completely cured, in the course of three months. Only about a dozen powders of Conium were required.

IV. Paralysis of hands and feet.

An elderly lady of fat and plethoric constitution came under my treatment for paralysis in January 29th 1912. Years ago she had an attack of Rheumatism and fever which confined her to bed for two months. She got well by kabiraji medicines. After that she lost power of hand and feet, more on the right side, the left side was better.

There was some emaciation of the parts.

Bowels obstinately constipated, urine scanty and frequent, attended with slight burning.

She could not retain the urine long.

The paralysed parts were painful on pressure and movement.

Could not walk about. Rises from bed with difficulty.

Speech was faltering and broken, voice gruff, some irritability of mind, trivial things upset her mind.

Rhus. and Plumbum were tried by neighbouring homœopaths without effect.

Causticum 200 one dose ameliorated her condition somewhat. Placebo followed. After a week the improvement stopped. Another dose with same result.

Causticum, on the 16th February. She was much improved, in fact she got cured gradually after that dose.

V. Colic.

Babu H. Ghose, fat and plethoric, subject to dyspeptic symptoms, had an attack of colic on the 24th February, 1913.

He was always careful about his food, always more or less constipated, generally took enema to clear the bowels.

After his breakfast on that day, he felt great heaviness in the stomach.

Went out in the evening drive and on return was seized with violent pain in the umbilical region, cutting and unbearable pain, no relief from pressure or hot application.

Pains moving about the right and left side of abdomen. Had enema and some fecal matter of semi-solid consistency came out. But no relief.

A homeopath prescribed Nux. vom. and Colocynth ; no effect.

Considerable flatulence moving about in abdomen but no passage. This gave him great trouble.

He could not lie down or sit up but had to walk about.

Dioscoria 3x every two hours, no relief. Telephoned and I advised Raphanus 30 every hour or two hours.

Two doses gave him perfect rest and he was free from pain. All right next morning.

Notes.

Health of the town—Heat is intense now in Calcutta and its neighbourhood followed by too much rain, but the health of the town is unusually good this year.

There are a few cases of typhoid and low remittent fevers.

Rush of people for Darjeeling and other hill stations now to avoid the inclemency of heat.

Cadmum sulph—It is useful in gastric irritation even in actual inflammation. Burning, and vomiting, great thirst for cold water which was immediately vomited.

Cured symptoms—*Natrum mur*, sensation of hair on the tongue. Hammering headache. *Bovista*—Considerable flatulence. Diarrhœa during menstrual flow. Axillary sweat has the odour of onions. *Bryonia*—Constipation, big stools, knotty like sheep-dung. *Oxalic acid*—Acidity and severe colic. *Senega*—Dropsy with severe cough. Sensation as if the chest was too narrow with inclination to take deep breath. This latter symptom is often cured by *Lachesis* in the high potency.

Vegetable foods—These are more suitable for health in warm climates and to persons of spare built and irritable nature. Vegetable soups are more nourishing and keep the head cool.

NEW LIGHT ON DIABETES.

Most people think of diabetes as a kidney disease. This is erroneous. Diabetes is a disease whose characteristic symptom is an excess of sugar in the blood. This excess, the kidneys work hard to remove. To hold them responsible is as absurd as to blame the thermometer of extremes of temperature !

Soluble sugar is a vital necessity to the organism, but an excess is a dangerous poison which must be excreted.

The latest investigations of sugar metabolism show that the formation and excretion of sugar depend on a very complicated and delicate balance of the operation of several organs, including the central nervous system, the sympathetic nervous system, the pancreas, the supra-renal glands, the pituitary body, the thyroid gland, and the epithelial bodies. Any disturbance of this balance, which is attained by a delicate adjustment "controls," may lead to the presence of an excess of sugar.

The value of these discoveries, which are very clearly stated by Dr. L. Reinhardt in "Prometheus" is inestimable, since they afford hope of an earlier diagnosis and prompter treatment of a particularly insidious malady.

The chief source of sugar in the body is the starch consumed in bread and other cereal food and potatoes and other vegetables. Only a small part of the sugar we need comes to us in soluble form, as of grape-sugar, milk-sugar, cane-sugar and fruit-sugar. These enter the blood directly because of their solubility ; but the starches, which are insoluble in water, must be acted on by digestive ferments and transformed into sugar before they can be thus taken up and carried to the various tissues. This is partly accomplished by the saliva, but chiefly by the pancreatic juice in the small intestine, after the food has passed the stomach. From here the sugar passes first to the liver and afterwards enters the general circulation, to be carried to various parts of the body, being especially required by the muscles.

"If now the provision of sugar exceeds the current demand, the excess is stored up, partly in the form of insoluble animal starch (glycogen) whereby water is eliminated, and partly in the form of fat. The latter is stored in the greatest variety of places ; the former chiefly in the liver and muscles.

"Animal starch is formed not only from starch and sugar, but from albumen, when an excess of this is furnished by such food as meat and eggs ; but the amount thus formed is insignificant compared to that from the so-called carbohydrates."

Hunger and labor both diminish these stores in the organs, the liver and muscles first answering the demand. The process is so

neatly adjusted in the healthy body that despite the large variations in the amount of carbohydrates consumed, on the one hand, and in the output of energy, on the other, there is never a great excess or decrease, the percentage of sugar in the blood remaining steadily between the narrow limits of 0.1 per cent. and 0.15 per cent.

It is only when the body loses its power of burning sugar in its tissues that the sugar content of the blood is unduly augmented, and must be removed. Naturally the kidneys, like other organs, may suffer degeneration through overwork.

"When by reason of increased use of sugar, the sugar content of the blood threatens to fall below the normal, the liver and other depositories of animal starch, such as the muscles, receive the order to transform some of this into soluble sugar and supply it to the circulation. This message is transmitted by the so-called 'chromaffinic' system which is specially located in the supra-renal glands. The blood then brings the sugar to the place where required and gives it up to the needy cells. If the chromaffinic system fails of its function because of some affection of the suprarenal glands, as in Addison's disease the sugar content falls below the normal."

But here another factor must be considered, in the action of the pancreas. This gland is antagonistic to the supra-renal glands in that it exerts an inhibitory influence upon sugar formation in the liver and other depositories. Hence, the pancreas and supra-renal glands tend to control each other, thus preserving the needed balance. But if the pancreas becomes diseased, while the supra-renal glands remain sound, the result will be an excess of sugar in the blood.

But both pancreas and supra-renal glands are themselves controlled by other regulators. The pancreas is subject to an inhibition from the thyroid gland. When this is unduly large the pancreas is checked in its function of limiting sugar production in liver and muscles. Hence, the too free metabolism of animal starch into sugar causes an excess of the latter and more work for the kidneys. "Consequently, we often observe the presence of sugar in the urine of patients suffering from an enlarged thyroid, as for example

Basedow's disease, or 'goggle-eye.' This malady lowers the capacity to burn sugar."

Conversely, if the thyroid is insufficiently developed the pancreas is insufficiently checked in its inhibitory action on liver and muscles, with the result that the "limit of tolerance" for sugar is raised. In this case even a large superfluity of carbohydrates in the diet will not cause elimination of sugar, since the sugar content of the blood is diminished.

"The supra-renal glands, on their part, are under the control of the sympathetic nerve system. The French investigator, Claude Bernard, showed nearly two generations ago that the sticking of a needle into a certain spot in the fourth ventricle of the brain was followed by the excretion of sugar in the urine, because the irritation thus induced passed over the "Nervous Sympathicus" to the liver and accelerated sugar formation. But this stimulus to the liver from the central nervous system goes by way of the supra-renal glands. * * Claude Bernard's 'Puncture Diabetes' is in fact a purely supra-renal diabetes.

"To these correlations must be added the effect of the pituitary body, and that of the epithelial bodies of the "accessory" thyroid gland. The pituitary body acts in the same way as the thyroid, while the epithelial bodies (or epithelial corpuscles) act antagonistically.

"Hence, the enlargement of the pituitary, as seen in acromegaly and the closely related 'giant-growth,' occasions a lowering of sugar tolerance, precisely as does an enlargement of the thyroid; while on the contrary, the enlargement of the epithelial corpuscles causes an increase of sugar tolerance."

Even these elaborate reactions do not cover the full complexity of sugar metabolism, since some questions remain to be solved. But it is obvious that sugar in the urine may proceed from a great variety of causes making the need of skilled diagnosis imperative. "Scientific American."

RHUS.

(*Continued from page 192, No. 6, Vol. XXII.*)

Dr. Neidhard has added the observation that on first moving the pains are increased, and Dr. Carroll Dunham has described these characteristics of the pains as follows :—
“The rheumatic symptoms of the drug come on with severity during repose, and they increase as long as the patient remains quiet, until at length their severity compels him to move. Now on first attempting to move, however, he finds himself very stiff, and the very first movement is exceedingly painful. But as he continues to move the stiffness is relieved, and the pains decidedly decrease, the patient feeling much better.” He goes on to point out that this improvement does not continue indefinitely, for weariness readily comes on in such patients, and then rest is at first grateful, only after a while to be disturbed by a recurrence of the aching pain.

There are some other medicines which have relief to rheumatic pains from moving about, though, as Hahnemann says, in none in so marked a degree as rhus. But this modality occurs with the pains of dulcamara, rhododendron, lycopodium, chamomilla, ferrum, and pulsatilla, and with some of the rheumatic pains of sulphur.

Chronic rheumatism of muscles, ligaments, and fasciæ often are of this character, and for these rhus is especially serviceable. Thus it comes into general use for lumbago, rheumatic sciatica, stiff neck, rheumatic pains between the shoulders.

Another indication for rhus in all these complaints is the modality worse from wet and damp, and rhus is especially useful for affections caused by a wetting. Rheumatism often has this origin, and so do rheumatic paralyses from

inflammation of the sheaths of nerves. In this characteristic it resembles dulcamara and differs from aconite and bryonia, whose local rheumatic affections are caused by dry cold.

The rhus pains are also better from warmth and worse from cold. From its action on the tendons rhus has been used for sprains. Hahnemann says: "Of late years multiplied experience has taught me that rhus is the most efficacious and the specific remedy for the frequently fatal effects of over-lifting, inordinate exertions of the muscles and contusions." As an instance of its use in over-exertions, one may mention its employment in pulmonary hæmorrhage brought on by prolonged performing on wind instruments. Dr. Brant recorded in the *Medical Argus* a chronic case of lumbago cured by rhus radicans; the patient was a gentleman, aged 38, who had been laid up for years with a deepseated pain in the small of the back. There was relief from motion; urine normal; permanent cure was obtained from rhus radicans.

Rhus also affects the fibrous covering of the bones—the periosteum—and it has a sensation as if the bones were being scraped. It is on this account a remedy for periostitis, and would be most useful in the rheumatic form and where the rhus conditions of aggravation and amelioration were present. It is a remedy, too, for the rheumatic nodules often met with in the skin and attached to the periosteum in rheumatic subjects.

There is a rheumatic form of paraplegia for which rhus is the remedy. It results from the exposure of the back or gluteal region to wet and cold, such as sitting on wet grass or damp ground, and occurs most often in children. Sometimes, too, damp cold will cause a paresis of one or more muscles of the eyeball; rhus in this case vies with causticum as a curative agent.

As an ocular remedy Allen and Norton esteem rhus as

of the first importance. In the first place its power over suppurative inflammations of connective tissue makes it the chief remedy for orbital cellulitis, and Allen and Norton say that some alarming cases of this complaint occurring in their own experience have been promptly cured by it. They also praise it in ophthalmia neonatorum and suppuration of the cornea, and say "the grandest sphere of its action is to be found in suppurative iritis, or in the still more severe cases in which the inflammatory process has involved the remainder of the uveal tract, especially if of traumatic origin as after cataract extraction." The provings give twitchings of the eyelids, pains in the eyes, agglutination of the lids with secretion, and œdema of the lids, which may also be stiff and heavy to move. One prover had "on the left lower lid towards its inner canthus a red hard swelling, like a sty, with aching pain, for six days," and this has led to its employment as a cure for styes when affecting the lower lid. Pulsatilla styes are mainly on the upper lid. Rhus seems to have an affinity for the articulation of the lower jaw and its neighbouring parotid gland. There is cramp-like pain in the jaw-joint when at rest and when moving the jaw, with cracking on the least movement; pain in the maxillary joints as if the jaw would break. Hard and painful swelling of the parotid gland. Rhus is accordingly useful in these painful affections of the lower jaw with cracking in the joint and also when the lower jaw is easily dislocated. It is also a remedy for mumps. In toothache rhus may be indicated when the pains are made worse by cold and relieved by warm applications. The teeth feel loose or as if they were too long. The gums are sore and feel as if ulcerated. There is also a twitching toothache occurring at night and alleviated by laying a cold hand on the outside of the face.

There are some characteristics about the headache of rhus worthy of note. The headache is a heavy pressing weight felt in the forehead which seems by its weight to incline the head forward, so much so that it causes a sensation that the head needs holding up to prevent its falling forward. Any inclination forwards of the head or stooping causes a sensation of a heavy weight falling into the forepart of the head. Another headache is the occipital headache with stiffness and aching of the muscles of the nape. The occipital headache is also a sensation of weight, as if a heavy weight were pressing the head forwards. Both the frontal and occipital headaches are relieved by bending the head backwards—in this respect resembling belladonna. But the rhus headache is usually better lying, whereas the belladonna headache is worse. It will be observed that the rhus characteristic of worse at rest and better for motion does not take place with the kind of headache most usually produced by rhus. Besides these headaches rhus produces a weary, balancing sensation in the head, as if the brain beat against the skull at every step.

In the mental sphere there is confusion, weakness or absence of thought and slow flow of ideas; there are no delusions or hallucinations and no outbursts of temper, the temperament being mild.

Hahnemann says that the action of rhus is slow and that improvement is rarely perceived until thirty-six hours after administration of the dose. He recommends the decillionth dilution.

THE LATE DR. DUKARI GHOSH.

The late Dr. Dukari Ghosh, L. M. S., was born on the 27th September, 1838, at Calcutta. He belonged to the well-known

Ghosh family who had, and some of whom still have, their family dwelling house at Thanthania, between Becho Chatterji's street and Sankar Ghose's Lane. His father the late Babu Haladhar Ghosh was the eldest of five brothers who lived jointly in their ancestral house at Bechoo Chatterji's Street. Haladhar Baboo was a clerk in an European Solicitor's office and was a man of moderate means. Dr. Dukari was his second son. The first was the late Babu Tincowri Ghosh, who was a Civil Engineer, and the third brother was the late Babu Ananta Ram Ghosh who acted for a long time as a Subordinate Judge in Bengal.

Dukari's mother Annapurna, who was a pious lady and an excellent housewife, died leaving him a boy of four years. Haladhar Babu had a great liking for his second son so much so that notwithstanding his having married a second wife, he tended the boy with a maternal care and always slept with him in a separate bed. Such was Haladhar Babu's sense of duty towards his motherless children, specially towards Dukari—the youngest Ananta Ram being taken over by Haladhar Babu's widowed sister in her special care. Dukari was thus brought up by his father with great affection and care from his fourth year until the twelveth, when he unfortunately lost his loving father as well.

Dukari's education commenced in a "Pathsala" conducted by a Gurumahasaya in the neighbourhood and thence, he was sent to David Hare's School which was then styled the Colootola Branch School. At school Dukari was always attentive to his studies and was never guilty of childish pranks. The late Babu Peary Charan Sircar was the Head Master of the school at the time. He passed, from that school, the junior scholarship examination with credit in 1857. The Calcutta University being established the same year, Peary Babu wanted his students to appear at the University Entrance Examination which was first held in that year and Dukari passed the latter examination as well. After passing the Entrance, he began to study for the F. A. in the Presidency College. But after a year's study, he was sent by his uncle to the Medical College to study medicine. At the Medical College he passed all the examinations,

held every year, with great credit notwithstanding the fact that he had no means to purchase all the text-books and had often to borrow books from friends after reading which he made analysis for himself and returned the books to the owners. In the annual examination he always got the first certificate in every subject except one wherein students of a senior class were also allowed to appear with those of his own class. In the latter he got the second certificate. Eventually he passed the L. M. S. examination of the University in 1863 and went out as Assistant Surgeon and took charge of the Arrah Dispensary.

While studying in the second year class in the Medical College, Dukari married the youngest daughter of the saintly Shib Chandra Deb of Konnagar. Babu Shib Chandra Deb was one of the first batch of reformers in Bengal and was a man of great piety and culture of the last generation. About late Babu Shib Chandra, the learned biographer of the famous journalist Grish Chandra Ghosh Says :—"There is one unique circumstance which has struck the more forcibly, the more closely we have studied the life of this remarkable man, who died in the eightieth year of his age, on the 12th of November, 1890, viz : that at no period of his unusually long life did he ever deviate by a hair's breadth from the straight and narrow path he had chalked out for himself in early boyhood. The book of his life was, from cover to cover, one unbroken record of noble aspirations nobly fulfilled." At another place the same author says :—"Here we close our imperfect sketch of the life of Shib Chandra *which is the most perfect specimen of human life* with which we are acquainted." Dukari's wife had inherited most of the virtues of her pious and saintly parents and was in every way a fit spouse of her husband. She had a great love of learning and had finished most of the important works in Bengali literature and had also read many in English. As she was fond of studying herself, she was equally eager to impart the knowledge she acquired to others. She had devotedly followed her husband like a shadow and even death could not part them, she having left this world about 28 hours after her husband's death.

No *Sattee* could have wished for a prouder end than that of Mrs. Dukari Ghosh !

Dr. Dukari was a deft hand at surgery and had performed many important operations at Arrah, for which he had got great opportunity in the fact of the then Civil Surgeon of the place having a dislike for surgical operations. After working with credit, for two years, at Arrah, Dukari was transferred to Rajmahal as Civil Medical Officer of the place, where too he worked for about 2 years and then resigned the service with a view to practise as a private practitioner at Calcutta—his birth place. During the short period of his service he discharged his duties conscientiously, always looking to nothing but the best interests of those who were left to his care, no matter if he had sometimes to incur the displeasure of other people who could possibly have done him harm. While in charge of a jail he took pretty good care to see that the prisoners were not overworked and got good healthy diet as prescribed by Government rules. It is needless to mention what care he took of the patients in the hospital. While at Rajmahal, there appeared famine in the district, but the local authorities did not take any notice of the fact and did not report the matter to Government. Dr. Dukari coming to know of the situation forthwith reported the matter direct to the authorities at Calcutta, and as a result, relief works were opened of which he was made to take charge, in addition to his own multifarious duties. But he discharged this honorary duty with alacrity to the satisfaction of all.

It is said that a good Surgeon should have "a lion's heart, a lady's hands and an eagle's eyes" Dr. Dukari had all these qualifications. As to his courage, there are many instances of which one can be mentioned here. While yet a boy and student in the 1st year class of the Medical College, he had some boils in his arm-pit which required to be opened. He went himself to the house of a cousin of his, who was a practising doctor, to have them opened. The doctor cousin remarked that the position of the boils was such as required careful handling and there must be some body to help him in holding the patient fast in case he got nervous during the operation. The

young boy replied—"Yes, cousin, I know in what place the boils are and I know what risk lies before me in case I get nervous. You need not wait for any body to come to help me but please do go on with your lancet." The doctor had to begin the operation and he was astounded at the courage of his young patient who stood like statue, neither moved an inch during the operation nor uttered even as much as a murmur—not to speak of any groan. At Arrah he had performed the amputation of an arm of one of the dispensary patients single-handed with only a man to hold the patient up during the operation.

Coming back to Calcutta he continued practising allopathy for some time till he was made a convert to Homeopathy by the late lamented Dr. Mahendra Lal Sircar. Allopath or Homeopath, the one essential creed of his professional life was—altruism. He never looked upon his profession as merely a *profession* but as one of the best means by which he could give vent to his innate philanthropic disposition, at his hands. Poor patients who could not pay had as much care and attention, if not better, than rich patients who paid him well. To the missionaries and to most of the indigent members of the Brahmo Samaj, he was like an appointed honorary family physician. Although he belonged to one section of the said body, people of all the three Samajes had his equal share of attention during the whole period (about 35 years) of his practice in Calcutta as well as those outside the pale of the Brahmo Samaj.

In June 1903 Dr. Dukari retired from his practice. During the 35 years of his practice in Calcutta he never went out to any other place for a change or diversion. People who did not know him well thought that he did not do so for the pecuniary loss that would result from such an absence from his place of business. But those who knew him well, knew full well that money or fame had no attraction for him. This was conclusively proved to the satisfaction even of the first sort of people mentioned above, when Dr. Dukari left, almost at a moment's notice, not only his practice but his beloved friends and relations and his ancestral home and went to a strange place over 700 miles distant, where his son had gone

to practise as a pleader and who had at that time been struggling in his profession. He never thought of what would become of himself and his family in the dark future, as the motto had ever been "think not of the morrow." He had discovered some remedies for piles and malarial fever, but he published them before attempting to sell them as his specifics. Coming to Nagpur, he could not sit idle at home. He went out, often on foot, to see the sick members of Bengali clerk's families and others, too, who could not well afford to pay a doctor's bill. This he did for about the last ten years of his life in Nagpur. He treated Bengalis and Marhattas, Eurasians, Parsis and Mahomedans with equal kindness and gave his advice and medicines free to all whoever asked for the same. Since October last his legs became weak and he could not go out to see his patients but used to see them at his own place and give medicines. From his diary of cases treated by him we find that he treated patients and noted cases up till the morning of the 23rd March 1913. In the evening of that day (23rd March) he showed symptoms of acute albuminuria, but in spite of that the next morning, while he could scarcely sit up in his arm-chair, he patiently listened to the history of the case of the grand son of a Bengali clerk who came to him for advice not knowing that the doctor was himself so ill, and prescribed a suitable medicine for the child. But his own disease grew worse and for the want of a qualified homeopathic doctor at Nagpur, the House-Surgeon of the local Mayo Hospital was sent for who treated him, without much relief, for about 3 days, after which Dr. Dukari expressed his unwillingness to be treated allopathically and Dr. G. L. Gupta, a homeopath of renown of this town, who fortunately happened to go to Nagpur on his private business exactly at this time, kindly took up the treatment which was continued to the last. Under Dr. Gupta's treatment the fever went down, the patient got some relief, but the fell disease was such as could not be grappled by even the best medical skill in the world. Dr. Dukari quietly passed away at about 8-30 P. M. on the 2nd of April, 1913.

The following resolution which was passed by the Executive

Committee of the Sadharan Brahma Samaj on the 16th of April 1913 would show in how many different ways the late Dr. Dukari had served the Samaj.

“Resolved that the Executive Committee of the Sadharan Brahma Samaj deem it their duty to place on record their profound sorrow at the death of Dr. Dukari Ghosh who was an old and highly esteemed member of the Samaj and rendered valuable services to it as a trustee of the Sadharan Brahma Samaj Prayer Hall, as Secretary of the Samaj and in various other capacities who greatly benefited the Brahmo community of Calcutta by freely ministering to its wants as a medical man during his long stay in this city and whose saintly character inspired all who came in contact with him with deep reverence.”

From his very youth Dukari was a person of high principles and austere purity of character. As a young man left without his parents in this metropolis full of temptations and also living alone in the Mafasil while employed in Government service, he successfully resisted the various snares and temptations placed in his way by his well-meaning neighbours. Never did he, in his pretty long life, deviate by a hair's breadth from the straight path of rectitude and virtue. He was such a great lover of truth that he did not like to read books of fiction because they contained “untruth”. The *দৌহাবলী* of Tulsidas was one of his most favourite books. The book which was his daily companion was the book of hymns (*ব্রহ্মসঙ্গীত*) published by the Brahmo Samaj. The secret of his life and of his saintly character lay in his child-like simplicity and purity. He was born a child and remained to the last a child, guided by its august Mother to such acts alone as she approved. The world, thus, failed to teach him its “ways” even during his long sojourn here. We do not know whether he did repeat often the following words which constitute the essence of all religion :—

“ব্রহ্মা হৃদীকেশ হৃদি স্থিতেন বখা নিযুক্তোন্মি তথা করোমি”

but we know this for certain that he did really act up to it every day of his existence in the world.

OPENING REMARKS OF THE CALCUTTA SCHOOL OF HOMEOPATHY, &c.

BY J. N. MAJUMDAR, M. D.

This day marks the beginning of the 29th session of the Calcutta Homeopathic school and it is my honoured privilege to welcome the students of Homeopathy into our school. Homeopathy has made remarkable progress in India, particularly in the province of Bengal. The Homeopathic physicians of Calcutta enjoy an enviable reputation, and they count among their patients the Princes and Peers of the country. People flock to their dispensaries and charitable institutions by hundreds to receive medical aid. The demand for homeopathic treatment has been so great and its effects are at once so beneficial and at the same time so harmless that the country has been literally inundated with lay homeopathic practitioners. When this institution was started by your revered dean Dr. P. C. Majumdar with the help of such eminent physicians as the late Dr. M. M. Bose, and Leopold Salzer, it was the only institution of its kind in this country. Mr. Surendra Nath Banerjee very justly remarked at one of the prize-giving ceremonies of the Calcutta School of Homeopathy that this was the first real Indian institution that was started in Calcutta. For even Dr. R. G. Kar's well-known school was a later creation. It is indeed a matter of great pleasure and delight that we see students coming to learn Homeopathy to Calcutta from the very remotest parts of India. It seems but the other day that we saw Dr. Majumdar preaching the cause of Homeopathy before a handful of students, but the number of students eager to learn the doctrine of the immortal Hahnemann, has increased by such leaps and bounds that we have a number of institutions

that try to impart Homeopathic medical education to students in Calcutta. It has been our sole endeavour hitherto to advance the status of Homeopathy in this country and as such it has been our duty to enlarge the requirements of the studies of our institution. We have also tried to better the equipments of our college by adding new chemical laboratories, pathological museums, anatomical specimens, charts &c. for the better training of our students. Justly or unjustly it has been remarked by irresponsible critics that the Homeopathic institutions of this country are irregularly equipped and as such they impart inadequate training. I cannot say that we are absolutely unimpeachable, in fact our shortcomings are many. But we can assure our students that we are endeavouring our utmost to remedy our defects. A hospital was a long felt want for the practical training of our students and I am glad and proud to be able to say that it is an accomplished fact to-day. I have heard many people say that so many of Homeopathic schools are a real nuisance, that instead of having so many institutions imparting medical education in an imperfect and irregular way, if we could have one institution properly equipped and with ardent and able teachers, the cause of Homeopathy will receive a new impetus. I for one, gentlemen, would desire nothing better, indeed, it would be a red-letter-day for Homeopathy when all the schools will unite for the betterment of our cause in this country. But we all know that it is almost next to impossible to bring about such a solution. There are various causes and interests that prevent the establishment of such an institution. It was not long ago that the teachers of one of our institutions in quarreling with each other chose to fight out their cause in the law-courts to the bitter end. I do not know but I am told that many institutions have been started purely with a

mercenary motive. Then again new schools have been opened by different teachers of the same institution when there has been a difference of opinion among them even if they have been trivial. I know it for a fact that the Executive Committee of the Calcutta Homeopathic Hospital tried to bring about a coalition of the different schools and thus establish an institution in conjunction with the Homeopathic Hospital, which would have been a most splendid thing for the cause of Homeopathy in this country but there was such vehement opposition to this proposal from interested parties that the authorities were compelled to drop the subject altogether. But I am determined that the students of the Calcutta School of Homeopathy should have all the facilities for their education which it is possible for us to give them. We shall spare no pains or hesitate to incur no expenditure for the better training of our students. We are trying to make an arrangement with the Hospital authorities by which our students will have constant access into the Hospital. This year we have a number of teachers who are able to handle their subjects in a masterly way. Arrangements have been made by which our students will be able to learn anatomy and the allied branches by dissections &c.

On behalf of the trustees and of the faculty of our college I beg to welcome the students of Homeopathy into our school once again.

PULSATILLA NIGRICANS.

(Continued from page 179, No. 6, Vol. XXII.)

This is intermingled with great indifference. Things she used to love so much, the baby that was the apple of her eyes, the husband to whom she was intensely attached—they all, in a way inexplicable to our ordinary ways of reasoning, lose every charm for her. This mood, in her case, is the reflex of her uterine complications.

Changeableness is another feature of the Pulsatilla temperament. Now she is happy, but the very next minute the happiness changes to misery. The mild and complacent temperament and beaming face very often change to wild vehemence, fury and peevishness. It thus bears resemblance to Ignat, Nux-mosc. Sarsap. and others.

This changeableness is a general characteristic of the remedy and we find it manifested in all its symptoms. The pains are changeable and erratic. They come and go and keep changing their place. It is now here but the next minute it is in a different place. Another peculiarity of this pain is that it is almost always accompanied by chills, the severity of the chills being measured by the intensity of the pains. The association of these two symptoms has always been for me a great pointer and it has scarcely ever disappointed me. Bovista, Coloc. and Dulc. are a few of the others I know of with a similar association of chill with pain.

In *Bovista* the chill is predominating and is accompanied by shuddering and pain. It is so great that the poor patient has got to repair to a hot stove to keep warm. Great weakness of the joints and limbs and a puffy condition of the system will help discrimination.

Colocynth, inspite of its similarity to Pulsatilla in the

former respect, is essentially different. The intense, squeezing, cutting, griping, nauseating pain, radiating from the umbilicus to different parts of the abdomen and chest is always guiding.

Dulcamara need hardly be confounded with *Pulsatilla*. The pain in this remedy is almost always caused by an exposure to cold and rain.

We have strayed a bit from our topic, I mean the delineation of the mental condition of *Pulsatilla*. She is prone to menstrual irregularities and especially during this time her mental phenomena undergo strange transformations. She becomes gloomy and morose. A sort of dread pervades her whole being—the dread of eternal damnation. The bright light of hope that leads all human beings on, gets extinguished as far as she is concerned. At night the world seems to be on fire and devils dance all round in the light of that unhallowed fire; sometimes they rush to catch her and she screams and cries and runs trying to escape from them; and oh! how she cries asking to be rescued.

Sometimes she becomes really insane subject to the strangest delusions. Of all things the idea of going to bed is the most repugnant to her. She thinks that somebody is lying naked wrapped up in the bed-clothes. Strange as it may seem, such symptoms are not very unfrequent. We have other remedies with somewhat similar symptoms.

In *Rhus*. there is some body in the bed who, she thinks, drives her out of it.

Chloralum is another where this imaginary person stands at the foot of the bed menacing her all the time.

Euphorbium has a peculiar system. The patient sees somebody walking in front of him and as he looks behind some man seems to be following him.

These symptoms occur not only in cases of insanity

but in delirium as well and their curative value is very great indeed. Many ideal cases that have been wrought by homeopathy have been based on symptoms like these.

For ailments after grief, mortification and sorrow Pulsatilla is very often indicated, of course the other symptoms corresponding. I remember to have cured a very bad case of diarrhoea in a mild plethoric and bashful young lady—a diarrhoea that baffled all treatment for a while. After an unsuccessful attempt lasting over a few days I gleaned that the “nasty thing” started she had a quarrel with her husband. The maid servant informed me that she had been crying ever since the quarrel. Other remedies to be thought of in such circumstances are Aur., Caust., Cocc., Gels., Ign., and Staphys.

Pulsatilla patient very often suffers from headache. It is either uterine, neuralgic, rheumatic or gastric in origin. It is located in the frontal or supra-orbital region. The pain is almost stupefying. It is aggravated by mental exertion, by warmth and in the evening. When the pain is neuralgic, it is erratic in nature wandering from one part of the head to the other. Sometimes the headache is behind one ear as if from a nail driven in. The headache is relieved in open air (Phos, Seneg., Sep., Zinc.) and by bandaging the head (Argn., Hep., sulp., Sil.)

There are a few other remedies with sensations of nail driven into the brain and we will discuss their relations to Pulsatilla just now.

Coffea—The headache is more of a neuralgic character. It is very severe, almost unbearable, making the patient tearful. Unlike Pulsatilla it is worse in open air. It is brought on by the slightest cause—such as excessive joy, contradiction, vexation, noise etc.

Hep. sulp. has got a similar sensation of a nail or a plug

driven into the head, but it is distinguished by its great sensitiveness to touch, to other impressions of the senses and to draughts of air.

Ignatia is indicated for a similar headache in hysterical, neurasthenic subjects.

Ruta is useful for such headaches in drunkards or after excessive indulgence in liquors. Meat does not agree with these patients as it causes pruritus and erructations.

Pulsatilla has got a great affinity for all the mucous surfaces of our system and it is indicated in the catarrhal affections of the ear, nose, eyes, throat etc. When it affects the ear, we have a sort of deafness to start with, as if the ears were stopped up; then starts severe pain darting, tearing and pulsating in nature. In the day time the patient is perfectly at ease; he seems to be suffering from no ailment whatsoever but at night his troubles start and his pains become almost unbearable. At last a thick, yellow blood discharge takes place giving relief to all his pains. We also find otitis externa under this remedy. The whole ear gets red and swollen.

Coming to eyes we find a similar catarrhal condition. The lids become swollen and itchy, the conjunctivæ become full of minute pustules and keep on discharging a bland, thick, yellow or yellowish green secretion. These patients have a great tendency for styes especially on upper lid and acne on face. The lids get glued together. Very often *Pulsatilla* is our remedy for gonorrhœal ophthalmia when it is the result of suppression of gonorrhœal discharge. *Fistula lachrymalis* and *ophthalmia neonatorum* too find their remedy in *Pulsatilla* on the discharge getting very thick and yellow.

Pulsatilla is one of our great remedies for toothache. The pain is very severe. It feels as if a nerve is stretched to its utmost and then all of a sudden let loose again. This tense tearing throbbing jerking pain shoots into the gum every now

and then and makes the eyes water. The pain gets almost maddening towards evening and early part of the night.

She dares not pick at her teeth for that brings on the pain and in this respect it is similar to Sang. but it will help differentiation to remember that the gum of the latter remedy is spongy, bleeding and in a fungoid condition.

The Pulsatilla patient is very reluctant to enter a warm room or a warm bed for fear of the toothache; even rest brings on the pain so. She has to walk about in the open air which brings her decided relief. Other remedies that I can think of with relief of toothache from motion are Mag. carb., Phos. and Rhustox.

Under Mag. carb. the toothache is insupportable while at rest. So the poor patient is compelled to rise from bed and walk about. It frequently starts during carriage rides.

In *Phos.* too the pain comes on during rest but it can be easily differentiated from the rest by reason of one peculiarity and that is the causation of the toothache from the dipping of the hands in water. Peculiar as it may seem, it is a valuable symptom as none of the remedies of our *Materia Medica* can claim a symptom anywhere approaching it.

Last of all we come to *Rhustox.* The toothache in this remedy is caused by working in damp cold places in winter and unlike Pulsatilla the pain is relieved by external warmth.

Now I come to what I consider the most important part of our remedy. I mean its relation to the diseases and ailments of the female sexual system. The menstruation under this remedy is irregular, delayed and scanty. *It flows more in the day time when walking about than at night.* We homeopaths lay great importance on the time of the flow. It means a great deal to us to know whether the menses flow in the day time or at night, whether they flow in the morning or in the evening. We place just as much importance on the

modalities of the symptoms. In fact the particulars, however insignificant they may seem to our friends of the other school, are what guide us in the selection of the remedy. Thus in *Causticum* we have the flow in day time only, no discharge during night or when lying down. But the most important point to help distinction is the intermittent flow of this remedy. It flows and then after a little while it ceases to flow again.

Coffea is another remedy where the menses flow in the day time but the distinction is that it is only in the tail-end of the day, that is in the evening time.

In *Hamamelis* the discharge of blood that is very profuse takes place as in *Pulsatilla* only in day time. At night time it ceases altogether. The flow of blood is steady, bright-red or dark-colored. We find great deal of dysmenorrhœa under *Hamamelis*. The severe pain is felt mostly in the lumbar and hypogastric regions with an accompanying soreness of the abdomen.

It is worth comparing here the remedies with symptoms exactly opposite to those of *Pulsatilla*. They are *Bovista* and *Magnesia carb.* In both these remedies we find the flow mostly at night when lying down. It ceases immediately after getting up. Similar though they are in these respects it is very easy to distinguish between them.

In *Bovista* the menses takes place every two weeks and it is preceded and accompanied by diarrhœa with pain and bearing down.

In *Magnesia Carb.*, on the other hand, the menses take place at night mostly during sleep. The blood is acrid, dark, thick viscid, almost pitch-like. It is difficult to wash from the napkin. The menses are preceded by coryza, obstructed nostrils and labor-like pains.

The menstrual discharge in *Pulsatilla* is either thick,

black clotted or thin watery. The general characteristic of the remedy, I mean its changeability, also holds good here. No two discharges are the same. The color, the consistency, and the other accompaniments vary as well. During menses there is very often fainting. The weeping mood, the chilliness, the trembling of the legs, the nausea and vomiting, the migraine and the difficult breathing are all there to complete the picture.

Very often in Pulsatilla we meet with a different condition needing a prompter attention, I mean the suppression of menses. Young, plethoric girls do not get menstruation at their wonted time and they don't take their mother in their confidence; the result is they become pale and chlorotic and pine away in silence. Such conditions are to be grappled instantly, otherwise there is danger of the child running into consumption. The suppression may be due to nervous debility, chlorosis, or getting the feet wet. We must get at the cause to remedy the innumerable ailments such as headache, anorexia, dysuria, ophthalmia, nausea etc., to which the girls become subject at such times. It has been said that a woman is an organism centred around her sexual system. No statement can be truer and it has always been my policy to interrogate whenever I get a female patient and whatever may be her trouble, about any deviation that there may be in this sphere. It will save many a physician many discomfitures to go deep down into women's troubles.

Leucorrhœa is another ailment to which the feminine world is subject and I believe that it is a general complaint with them. The leucorrhœal discharge that we find under this remedy is thick, milky white and mucous. This leucorrhœa very often appears in young girls during puberty or during suppression of menses due to fright, exposure to cold and damp. Not to speak of puberty, we find leucorrhœa

in little children who are mere infants. Inexplicable though it may seem, we have to grapple with such circumstances when they arise and Senecio Amens will help us out in such cases.

Pulsatilla is one of our great remedies in pregnancy. It is a much better instrument in the hands of the Homeopathic physicians than forceps and other scientific up-to-date mechanical devices in the possession of the most skilful accousier of the other school. Time without number have we frustrated by the administration of a single dose of Pulsatilla or of any other indicated remedy, the ingenious prowers of our friends ready to give us a display of the perfection of mechanical surgery. It needs skill indeed to drag out the foetus from the pregnant womb, but it needs a much rarer intelligence, the most perfect omniscient knowledge to make an organism gifted with a self-contained impulse to act in the natural, heaven-gifted, easy and safe way.

Homeopathy supplies such omniscience under the influence of the indicated remedy. The irregular, deficient fitful labor pain will grow in intensity and improve in character. To illustrate this point I will cite a case that Dr. Gery. B. Stearns of New York city reported in the transactions of the International Hahnemannian Association of 1906. I will give it in doctor's own words.

(To be continued.)

N. M. CHOUDHURI, M. D.

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collateral sciences.

The knowledge of disease, the knowledge of remedies and the
knowledge of their employment constitute medicine.

—HAHNEMANN.

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[No. 8.

REPORT FOR THE INTERNATIONAL HOMŒOPATHIC COUNCIL.

BY D. N. RAY, M. D.

At the last International Congress held in London in 1911, our worthy young friend and colleague Dr. J. N. Majumdar voluntarily offered himself to represent our cause at the Council Meeting, at his own expense.

It was really a great enterprise on his part to leave his busy practice and no less moral courage to leave his kith and kin behind for months. He really did sacrifice his personal interest for the sake of Homeopathy. He certainly deserves thanks of the profession.

I had the good fortune to preside at a meeting when the members of the Calcutta Homeopathic Society, the friends and the sympathisers of Homeopathy, gathered most enthusiastically in an open meeting one evening to give him a suitable send-off just before his departure for England. He behaved like a gallant soldier, quite untouched by feeling and exhibited every sign of determination.

We are very thankful to our British colleagues for the kind and friendly treatment our delegate received in their hands. He attended all the functions of the Council with keen interest. It gave us great satisfaction to learn that he had enjoyed all the rights and privileges in all the social functions and entertainments. I must say his association with the eminent men of the profession invited in him a fresh impetus and he came back with fresh zeal and enthusiasm. On his return he gave us a very good account of his doings there.

It is a pity there is no one among us this year, who would like to undertake the heroic task to represent us at the Council of Ghent in August 1913.

HOMEOPATHY IN INDIA.

BY D. N. RAY, M. D. & J. N. MAJUMDAR, M. D.

Previous to the consideration of our position here, we shall say a few words regarding the Healing Arts in general. In this country there are no hard and fast rules or regulations, that is, no medical registration for the practice of medicine. This makes it an easy matter for practitioners to take to the profession, with or without much knowledge of medicine. Excepting in the big cities medical aid is quite insufficient in the villages and in the country generally. There are various methods of treatment prevalent in this country :— Allopathy, Homeopathy, Kabiraji or Vaidic (Hindu system), Hakimi (Mahomedan system), Abadhautic (no recognised medicines) and also Faith cure, such as holding charms, drinking sacred water, mesmeric passes and so on. Ours is a country full of superstitions and prejudices. The ignorant class of people can be easily made to believe many things. So, the votaries of all these methods of treatment have their advocates and followers.

The Kabiraji is the old recognised system of treatment. Its practitioners are the followers of polypharmacy. Their prescription consists of thirty, forty, or sometimes more drugs. The kabirajes or vaidyas were a class of people among the Hindus who in preference to other classes used to make a special study of it and practise medicine. In many instances this practice used to run in families. They prepared their own drugs, according to the old formulæ laid down in the ancient books and prescribed as well, that is, they were both physicians and apothecaries.

When allopathy was introduced, it found considerable difficulty to establish itself; even to this day, excepting the educated class of people, there are many orthodox people who have great prejudice against foreign drugs and would not take them at the risk of their lives.

In the former days the great advantage of the Hindu system was that the treatment was less expensive and as the majority of people were poor, they could easily afford to pay the physicians for their attendance and medicine without much hardship or encroachment on their pocket. Their charges were nominal. Those days have changed since the introduction of the allopathic system. The charges for attendance are separately made and the price of medicine has increased tenfolds, in fact in many instances it has become prohibitive. It is in no way less expensive than that of allopathy.

There are many Medical Colleges, schools, hospitals and dispensaries here that are well-equipped at a heavy cost and are maintained by the Government at an enormous annual expenditure. The students of medicine are given all the advantages and facilities to become regularly qualified medical men. Is it any wonder then that their scientific knowledge is quite up to the modern standard? So, it is not unnatural

that the regularly qualified medical men should look upon those who are not regularly qualified and are much inferior to them in the attainment of scientific knowledge rather scornfully and sneeringly.

Now let us see how Homeopathy stands? In its early days the new system was taken up by the laymen purely out of consideration as *something new*. They had no knowledge of medicine and it was doubtful if they understood the principles of homeopathy. A few copies of materia medica were their whole medical library. With the help of these they prescribed for their patients on the principle of the totality of symptoms as best as they could without any medical training. This hunting for symptoms in the books has given to homeopathy the name of symptomatic treatment. Since then, even to this day the practitioners are slightly called so. I should say this is a mistake in understanding Homeopathy. The symptoms are the result of a disturbance of the vital force called disease. They merely point out to the homeopaths the nature of the disturbance so as to guide them in the selection of the similimum. The homeopath never treats the symptoms at all. This is a misunderstanding acting in the mind of the other school as well as that of the laity. The homeopaths were the laughing stock and object of mockery here as not unusually had been the case with homeopathy all over the world. A chest of medicine was their whole pharmacy. The medicine and the attendance were all free of charge and yet patients were few and far between. They did not mind all this as they had nothing to lose. However, their persistency and labour of love soon began to gain the confidence of the people. Cheapness or economy goes a great way with the poor people. Then, the medicine was tasteless to take and could be easily taken even by infants. The popular idea soon got afloat that

the homeopathic drugs were innocuous and did no harm, if no good. I must say the cheapness was one of the chief factors why the people so readily submitted to give the drug a trial, more so in chronic and hopeless cases and in cases of children. They had no knowledge of any drugs. They used to think that one is as good as the other. But they always looked upon these tiny globules as some poisonous extracts of drugs to be so powerful as to cope with deadly diseases. The gradual confidence of the public by the success of the amateur practitioners in some obstinate cases, drew the attention of the professional men and soon some qualified men were induced by the amateurs to test the efficacy of these drugs.

This really speaking was the commencement of the homeopathic era in Bengal. We say Bengal simply because even to this day it is not much known in the other provinces of India.

As we previously said there is no medical legislation, no registration or license required to practise medicine in this country. The new system soon swelled up with amateurs and quacks. With a few books and a medicine chest one would style himself a homeopathic doctor. The qualified men who became its advocates suffered all kinds of persecutions. The regular physicians would despise them as medical heretics and would not spare them. They would try their best to dissuade the people from taking their medicine saying that homeopathic drugs were nothing more than sugar pills and water. It could be taken by any person by pounds and gallons without the least harm. They would contemptuously call them quacks, "a book and medicine chest practitioners" and the cure was merely Faith cure."

This state of things went on for some time. The number of homeopathic physicians from the regular graduates became

more and more and the people began to appreciate its efficacy, in spite of all opposition and backbiting. It so happened, that they thrived better than the old school colleagues. The efficacy of homeopathic drugs was well established in spite of the strenuous opposition from the opponents. The physicians were frequently consulted in most obstinate cases, that were given up as hopeless from the other camp.

Their success in treating some of these cases was the cause of the present flourishing condition of Homeopathy in Bengal. The state of affairs is very different now-a-days. There are many graduates from the American homeopathic colleges practising in this city of Calcutta. There are one or two also practising in the smaller towns of Bengal. There are a few bogus American M. Ds practising in the city. They are not ashamed of calling themselves so, on the contrary they are quite proud of their bogus degree. This is indeed disgraceful to the profession and has lowered the American really qualified men in the estimation of the public.

There are a good many graduates of the local regular colleges and schools practising as homeopathic physicians. Their number is gradually increasing, for almost every year one or two take to homeopathy. There are also some among the allopathic physicians who would not hesitate to prescribe homeopathic potentised drugs. Besides these, there are any number of amateur quacks and irregular practitioners. The number of physicians of the old school much outnumbers the regularly qualified Homeopathic physicians of the city. The bitter and spiteful feeling between the two schools of physicians is fast disappearing. There may be some spirit of professional jealousy, as many of the new school physicians have extensive lucrative practice and their position is enviable. When homeopathy was in that stage in which we tried to gain the

confidence of the people and our only desire was to relieve the patients, we should say then there was the feeling of fraternity. But it pains me to say the feeling among the physicians of the same school now are anything but desirable. I do not mean to say professional jealousy. This must exist everywhere and in every country. The successful physicians are sure to enjoy the confidence of the people and the share of the biggest practice. This is true at all time and everywhere and this is no cause for grievance.

There is an old saying "A little knowledge is a dangerous thing." This well applies to us for numerically a small number as we are, the disagreement among us is detrimental to our profession and owing to this error of judgment each of us thinks he is the only representative of the Master Hahnemann and what he does and understands is genuine homeopathy. It is doubtful if the creed of homeopathy is really understood by many of us in its truest sense. We have still much to learn. Thus the egotism causes jealousy, disunion and division in our own camp. We have other hobbies and fancies of our own in our practice for which the profession does suffer in various ways. It is a very sad and a most undesirable state of affairs among us.

. Leaving aside the quacks and irregular practitioners, the educated conscientious physicians with all the small difference in minor matters should be tolerant and be united being jealous of our profession and not jealous of one another. The disagreement is really a sad blow to the prestige of our profession.

There is the Calcutta Homeopathic Society. Every practitioner or sympathiser has the right to become its member. The monthly subscription for a member is only a nominal sum. It meets once every month just to cultivate friendly feelings and to interchange medical thoughts. A

paper on medicine is read by one of the members on each occasion and discussed. It is regrettable that the number of members on the roll is not many and the attendance is irregular and poor.

There is another society called 'The Calcutta Homeopathic Hospital Society'. This is an incorporated body with twenty-one members in its Executive Committee who are both professional and non-professional men, including our President, two Vice-Presidents, one Secretary and two Assistant Secretaries. This is more concerned with the management of the Calcutta Homeopathic Hospital the building of which has been constructed with public charity. There are arrangements for forty indoor-patients. It is expected that the work of the Hospital should be commenced before long. The minimum subscription for a member is Rs. 2. (2s. 6d.) monthly, still the number in the list is very small. It is a pity owing to dissensient spirit many of us have not joined in the movement. This is an organisation in which every one of us should join making it a common cause and should make strenuous attempt to make it a success. The individual difference of ideas and opinion may exist at all times but this in no way should deter us to unite when the prestige of the profession is at stake. We are already a small number; among us who have joined excepting a few, the rest, instead of being active and energetic, are perfectly idle and apathetic and take little or no interest in the matter. This inertia on our part certainly retards the progress of the systematic development of our noble cause. I wonder how long this deplorable state of things will continue.

There was originally one school of Homeopathy started years ago in this city called the "Calcutta School of Homeopathy." The object of this institution was laudable, that is to impart some knowledge of homeopathy along with

other cognate sciences to persons or students who were eager to learn. The teaching staff consisted of men of science and education. They used to take lively interest in their work, without any gratuity, simply for the love of homeopathy.

As the number of qualified practitioners was few, a school of some kind was not altogether undesirable for that time. Even then, some men in the profession strongly objected to have such an institution, as it was the means of encouraging quackery to a great extent. But "something was better than nothing" was the motto that was then followed. •

Then later on another school was started in the city, called "The Dr. M. M. Bose's School of Homeopathy". Dr. Bose was an old graduate (1878) of the New York Homeopathic College. He devoted his whole time and energy to the welfare of the institution. There used to be a good number of students and the income accrued from it was fairly large. As he was the sole proprietor of it, he used to enjoy the benefit of the surplus money. The institution was badly and unmethodically managed inspite of all his devotion to it

The above two institutions went on for some time till they were amalgamated some years after Dr. Bose's death.

There was three years' course of lectures in these institutions. After the completion of the course the successful candidates were provided with diplomas to practise homeopathy. This diploma, of course, had no legal value as the Government did not recognise it.

But within the last few years no fewer than five or six homeopathic medical institutions have sprung up in the city with names as colleges. There are several hundred students in these so-called colleges. Some of these institutions are private properties and their owners are benefited by their income, consequently rivalry, ill-feeling, animosity are the common factors. It is not desirable that we should go

in detail into it. Let us see what kind of education the students receive in these institutions. No mention should be made of the teaching staff but the students get only a nominal knowledge of medical science. The boys are supposed to complete their courses of medical studies in three years. The scale of fees vary in different classes. At the end of each year, there is a nominal examination. The lectures are delivered in the Vernacular language or a mixture of Vernacular and English. The students are admitted without much primary education. The admission of the students has been made easier by the rivalry among the schools. Besides, there are no rules and regulations to prevent the students from changing from school to school, in fact temptations are thrown in their way to withdraw them from one to another. There are many students who find it considerably difficult to follow the lectures for want of any primary education. The practice of Homeopathy is looked upon as the easiest way of earning one's livelihood ; so many unsuccessful students take their admission into these institutions as the last resource of earning their bread. Homeopathy seems to be the saviour of many worthless students. Thus a fair number of practitioners is multiplied every year and with a little preliminary knowledge of medicine, they are sent out into the world to try their chance or luck. I dare say a few of them become successful practitioners and make their marks. What can the profession expect from these practitioners ? The profession gets the blame and is looked upon with contempt.

This is not all. There are paid private classes for teaching homeopathy and also classes for tuition at night for the benefit and advantage of the clerical class. Many of them are intelligent students and pick up the general principles of practice quickly and with the help of the *materia medica* they try at first to practise privately until they feel their way to

chuck up the services to become full fledged homeopathic doctors !!!

The men in the Judicial Service, Post-masters, teachers in the villages and many fathers and also mothers with the help of a copy of Vernacular Family Practice, take delight to prescribe homeopathic drugs.

Thus there are various ways how Homeopathy has been spreading rapidly even in the interior of the villages and doing some good to the people, especially in those places where medical aid cannot be obtained for love or money. Homeopathy has been daily gaining solid ground among the intelligent class of people by the test cases of the skilful physicians. It is also through the exertion of these irregular and lay practitioners and quacks that Homeopathy has been so popularised throughout Bengal and some portion of Behar and Orissa. The United Provinces and the Bombay Presidency have some of its advocates and it is working its way onwards. It is a pity that Madras Presidency is very poorly represented.

There are other influences for the dissemination of Homeopathy, such as a number of charitable dispensaries established year after year by the generous persons in the various parts of the city and suburb.

The number of patients attending these establishments daily to receive medical and free medicine, is very large.

I may mention here that the out-door dispensary in connection with the Homeopathic Hospital was started just a year ago, with a graduate from the local medical college as attending physician. He is paid for his services and has a few assistants to help him. He has gained some knowledge of Homeopathy by self exertion. He attends the dispensary only a couple of hours in the morning. It is gratifying to say that the daily attendance of poor patients is fairly large—1500 to 2000 per month.

There are over two hundred dispensing chemists in the town and suburb. Some of them are doing splendid business. The local sale is not very great, as many Homeopathic physicians administer medicine to their patients from their own chests. The mofussil sale is immense. There is the same trade-jealousy and rivalry, owing to which some shops have brought down the price of the medicine so low that a dram of low potency of a drug can be had in their places at one and half a penny. The domestic Vernacular or English Family Practice and a small medicine chest of 10, 12, 30, 40 or more phials can be seen in most families. This fact alone shows the growing popularities of the system.

Some exhaustive Vernacular treatises on Homeopathic Practice of Therapeutics have been written by different authors. The Materia Medicae have been carefully translated. There are monograms, family guides &c. All these have a large sale. Some of them are useful books to those practitioners who do not know English. One can practise Homeopathy with the help of these Vernacular works without knowing English or any other language. There are practitioners of this kind.

There are also one Vernacular Monthly Journal and three English—The Indian Homeopathic Review, the Calcutta Journal of Medicine and the Calcutta Homeopathic Recorder.

All these greatly add to the popularity of the system. We are no longer in the back ground here whatever may be the opinion of our opponents regarding the Homeopathic practitioners in general. Their condemnation does not affect Homeopathy.

We must admit surgery has made a great advance in the past few years. We are wanting in surgeons, our patients are to be operated by old school surgeons. This does not speak well of our professional position. It is not that we

have no men in our profession who know surgery, but it is simply because it does not pay to become a Homeopathic surgeon, consequently it is not taken up in earnest.

We must also admit that the number of irregularly qualified men and quacks is greatly in excess to those of qualified physicians. It is natural for the latter to feel degradation to be identified with the former. There are both sides to this question. It is considered by many of us that these Homeopathic institutions are doing great injury to the profession by adding every year a number of unqualified or irregularly qualified practitioners. Their number can be greatly minimised if there be one well equipped organised institution, managed jointly by the earnest workers for the sake and safety of the profession. This may mean sacrifice of personal interest to some. I doubt if it would ever come to pass. The quacks come and go. We still have quacks and will have them. They do hinder the scientific progress of medicine. Their existence cannot be wiped out without legislative act. Homeopathy, so to speak, has no legal *locus standi*. But this can be dogmatically stated that the conscientious physicians will always win out against the quacks as the public will become more and more enlightened on medical matter and their appreciation of physicians will come of itself. Fraud or Bogus physicians cannot stand long or for ever. They are sure to die a natural death.

DOCTORS.

The government of India seems to have chosen an unfortunate moment for insisting on the registration of all medical practitioners pending the weeding out of those who do not conform to medical orthodoxy. At the present moment the British world is putting the medical profession into the melting pot, and the more it does so the

more unreasonable the profession is becoming, The orthodox endeavoured to fight Mr. Lloyd George and induce the rest to follow. They have been defeated very badly, indeed, and the net result has been that the junior members of the medical profession have found themselves with incomes beyond their wildest hopes. Then Mr. Bernard Shaw goes and reminds them that the enormous progress of Christian science is entirely due to them, and for some months "Truth" has been publishing a correspondence about the case of Dr. Axham and Mr. Barker, the bone-setter. There is not the slightest doubt that men like the late Mr. Hutton and Mr. Barker cured hundreds of people whom no orthodox doctors would cure. Dr. Axham, however, who administered anæsthetics for Mr. Barker has been treated as guilty of conduct unbecoming a doctor and a gentleman, and a vast outcry has arisen from the patients of Mr. Barker. Mr. Barker offered to work at a London hospital but his offer has been refused, yet Mr. Barker has notoriously cured persons who have been given up as hopeless by doctors. He has, in fact, cured thousands, but it is only fair to the medical profession to say that many admit that their leaders have blundered. Here is Sir Anderson Lane, the recently made Knight, saying at Guys : "A bone-setter is one who has profited by the inexperience of the profession, and by the tendency which exists among its members of adhering blindly to creeds whose only claim to consideration is their antiquity." An ex-President of the British Medical Association, Mr. Whitehead, in 1911 said : "I venture to affirm there is an almost total ignorance of even Hutton's methods and of Barker's methods, and I speak with knowledge of the results—there is a profound ignorance on the part of the Faculty . . . On the part of the vast mass of practitioners however there is nothing but uninformed prejudice against their methods and the men who employ them, and a stupid refusal to give the men who can instruct them the opportunity of doing so. His (Mr. Barker's) reputation has been established by actual achievements and in the face of cruel and reasonless opposition by a series of successes maintained through two decades, in cases where the ablest surgeons have failed." That seems pretty severe criticism.

Sir Pardey Lukis will have to explain it away, and so small, we fear, is the average intelligence of our average legislator that, we have no doubt, he will. But the whole question of the monopoly of the medical profession and the attempt to limit it to orthodox doctors is being questioned everywhere. Witness the enormous extension of homeopathy (which doctors think quackery) in the United States and in India. The quack of to-day is often the authority of to-morrow.

—*The Indian Daily News.*

Correspondence.

To the Editor, Indian Homeopathic Review.

Dear Sir,

I send the following with the hope that they will find a little space in your much esteemed journal.

Case No. I.

At about 10 P. M. on the 20th of July, 1913, I was called to see the infant son of Babu B. N. Pal, aged about 3 years. I was told that at about 5 P. M. the boy swallowed a quantity of Kerosine oil and that after an hour or so the boy was made to vomit. At about 8 P. M. an allopathic doctor pumped out the contents of his stomach. Since then the boy was having tetanic convulsions. The boy was fair-skinned and plump with a large head. I saw that he was having tetanic spasms, the whole body becoming stiff and rigid at times with foaming at the mouth. The pupils were dilated and insensible to light. I sent in a dose of Calc. carb 30 as a constitutional remedy before administering any other, and *placebo* every hour. At about 3 A. M. I was again called in when I saw that the boy was panting for breath, and the whole chest appeared to be filled up with phlegm, with rattling and coarse mucus rales. He was totally insensible to light, respiration was laboured and every breath seemed to be his last. As the child was breathing through the mouth, the jaws seemed to be in chewing-like motion during inspiration and expiration. This appeared to be a serious condition and I sent in a dose of

Helleborus Niger 30. Just after the administration of the dose the child became stiff and ceased breathing. The child's parents and others, thinking him dead, got him out of the room and the women of the house set up howling and crying. As the patient's house was in front of mine, I could distinctly hear the lamentations of the women, but still I was not altogether hopeless of some action of my medicine. After 3 or 4 minutes the child revived, opened his eyes and wanted to drink. The news was immediately conveyed to me. The child seemed to do well till the morning of the next day when at about 9 o'clock it was reported to me that the boy was having opisthotonos with retraction of the head. This state of things I expected before and I immediately sent a dose of *Cicuta Virosa 30*. This acted as a charm. Every vestige of his illness was gone after its administration. A few doses of *Bryonia 30* were latterly required for the mucus in the chest. The child is now quite healthy and well.

Case No. 2.

Recently I was called in to see the daughter of Babu S. Ghosh, aged about 18 years and 9 months. She was under Kaviraji treatment for about 3 weeks' time during which she was having fever every evening. Temp. rose to 104° F. During fever she would be in a deep sopor which would be interrupted by groans from time to time. She would also drink water at intervals after the advent of fever. During the whole course of fever which would run till the small hours of the morning she would cover herself with a quilt or a thick covering. The lower limbs were dropsical, pitting upon pressure. In the morning there would be puffiness about the whole face but as the day would advance the bloating would disappear, and she would walk about the house and attend to her household duties. But as soon as evening advanced she would go to her bed without much ado and cover herself when the fever came. Her complexion was pale, the lips seemed to be without the tinge of blood and there was yellowness and sallowness of the skin throughout. Her upper limbs were not emaciated but appeared to be a little puffy.

Gave *Helleborus Nig.* 30, three times a day, for 2 days. No benefit.

Natrum mur 200, one dose, followed by *placebo* every 3 hours. Height of fever seemed to be a little lower, but it did nothing for the dropsy.

After 3 days, when I was again examining the patient, she told me, she always felt a sensation that a fish-bone was sticking in her throat. Prescribed *Apis* 30, four doses, every 3 hours for one day and *placebo* for two days following. Diet prescribed as follows :—Boiled old rice with fish-broth (টাটকা মাছের ঝোল) in the morning and milk in the afternoon.

This had the desired effect. The fever left her altogether. Blood returned into her system and the paleness and anæmic condition disappeared. She was more cheerful than formerly and could eat more and felt more hungry. But the puffiness of the face and the bloating of the lower limbs did not altogether disappear, though abated a little. *Apis* 200, one dose, was given. Improvement set in at once. After 3 days another dose of *Apis* 200, when improvement appeared to be lapping a little. In about 15 days she was well. Then one evening the girl's father came to me running and informed me that she had labour pains. I gave him a few doses of *Pulsatilla* 3x, each dose to be given every hour during the pain. After 2 doses she gave birth to a male child which lived for about a week and then expired.

To

The Editor, Indian Homeopathic Review.

Dear Sir,

May I invite your attention to the Government of India's letter, dated, Simla, May, 1913, under the head of Bogus Medical Degrees which appeared in last week's papers. Does the resolution mean to stop Homeopaths from practising ? Do not the Homeopaths come under those who practise 'the western method of medicine ?' We hear, Ayurvedic colleges and similar institutions will not be prevented

from conferring degrees, nor Kavirajes, Hakims and such practitioners be penalized in the exercise of their profession. But the Government will not allow students from these (Calcutta) institutions returning to their homes and there competing with better equipped candidates who have gone through a recognised course under qualified teachers. In short it wants by a stroke of pen to clear the field of all practitioners who practise the western system or the western method of treatment, in favour of the L. M. S. and the Hospital Assistants. But the avowed object is to suppress the Bogus degrees, as if men consult a doctor or want his aid only by seeing his degrees and not his ability to cure. I think the Government of India should define the 'western method' and 'European system of treatment', more clearly, by saying that it means allopathy. Besides the Registration Act will place homeopaths at a disadvantage. Hence homeopaths all over India should join hands and memorialize the Government to protect their interests.

Yours Faithfully

J. C. Ghosal, *Homeopath*,
Bulandshahr.

PULSATILLA NIGRICANS.

(Continued from page 224, No. 7, Vol. XXII.)

"A' case in point is that of a woman, aged thirty-three, who had had five children. Every labor lasted from four to five days, and ended with forceps delivery. At the beginning of every labor, there seemed to be a spasmodic contraction of the uterus without any progress towards dilatation of the os. Chloroform inhalations and all other measures failed to relax, until finally high forceps had to be used. During every pregnancy her confinement was looked forward to with added dread. Her sixth child was born under homeopathic care, and she commenced labour as she had done in the

others. She sat on a chair, her teeth chattering, nervous chills running up and down her back, weeping with constant frantic and ineffectual pains and no sign of progress of the labor. Two doses of Pulsatilla 12th were given, fifteen minutes apart. Her chattering and chilliness ceased soon after the second dose. The pains changed their character, becoming effectual and within two hours the woman was delivered of a normal healthy child. Her recovery was without a symptom, although all of her previous ones had been accompanied by complications."

Medical literature and our practice are replete with such instances and they prove beyond doubt the efficacy of homeopathic remedies in hard and difficult labor.

Pulsatilla promotes expulsion of moles. It is a remedy that we have to use with great caution during pregnancy, for injudiciously used it may even induce abortion. It is a remedy that we are called on to use often to prevent abortions. The flow appears every now and then during pregnancy with pains, fainting spells, a craving for fresh air.

I want here to lay especial stress on one general feature of Pulsatilla, I mean the association of *difficulty of breathing with diseased conditions of parts other than the lungs*. Dr. Ballard of Chicago reports of a case of abortion, during fifth month that he prevented by timely administration of Pulsatilla on this symptom alone. Sepia failed him but instead of losing presence of mind as is the matter with many in a case so serious, he took pains to examine his patient once more and noticed that every pain was accompanied by loss of breath. This was a hint on which to act. To err is human and we will make many mistakes but we can minimise them a great deal by retaining our cool judgment in trying and crucial cases.

Pulsatilla corrects wrong position of the foetus in the

womb. There is great controversy about this point but nothing is more convincing than facts and we have facts to back us in the statement that it does do so. I will cite a case here in support of this statement from Dr. F. E. Gladwin's report in the transactions of The International Hahnemannian Association. "The patient was thirty-four years old and this was her first child. She had been in labor about fifteen hours and there was no progress beyond the dilatation of the os ; head presented L. O. H. ; she was weeping, completely discouraged and begged for instruments. I gave Pulsatilla and waited half an hour but still no progress and still she begged for instruments ; so I went home for them. When I returned in about an hour, I found the patient, nurse and mother-in-law all smiling. I said 'what's the matter, has the baby been born ?' They answered 'no, but he has turned over.' I asked the patient what made her think so, and she told me that after I had gone she had had two tremendous pains, and it felt as though the baby had turned a somersault. She added, you can see for yourself that the baby, which has been lying all on the one side is now lying on the other side.' That baby came breach first."

Dyspepsia is almost a general ailment now-a-days, the mode of life and the general circumstances all tending towards it. Rich food, little exercise, sedentary life and the all engrossing hankering for gold, all point to Pulsatilla as remedy for the ailment they bring on. The digestion is very slow and as a consequence the smell and the taste of food remain in mouth very long. There are frequent attacks of vomiting in which all the foods taken for days are brought out. She complains of pressure in the pit of the stomach as from a stone. This is also associated with a gnawing distress as from an ulceration in the stomach. We have great deal of flatulence in Pulsatilla which rumbles and gurgles in the evening making

her quite uncomfortable. Sometimes her abdomen gets so much distended with it that she is forced to unlace. This wind gives rise to a sort of colic which makes her bend double as in Colocynth. The cause of all this trouble in the Pulsatilla patient is her free indulgence in ice-creams, fruits and pastries. All sorts of fat and rich foods disagree with our patient. Her tongue is coated and she is quite *thirstless*.

Every now and then this dyspepsia assumes acute forms and we get cases of diarrhœa. As has been mentioned before the stool is very *changeable* in character. It is sour and green just now but the next ones are bloody. Some are very offensive while others are quite odorless and so on. Very often this diarrhœa changes to constipation, It is accompanied by backache, nauseous bad taste in the mouth and irregular menstruation. The taste in the mouth feels so offensively detestible that the patient rinses his mouth several times a day but to no effect.

Nothing perhaps is fraught with so much danger as suppression of Gonorrhœa. It gives rise to complications like orchitis, epididymites, prostatitis and what not. They all find in Pulsatilla a very good remedy. There is great tenesmus and stinging in the neck of the bladder. A pressure is also felt on bladder which gives rise to an ineffectual desire to pass water. Sometimes we meet with hematuria. In troubles like these arising from suppression of gonorrhœa we may also think of remedies like

Argent nit.—As a result of the suppression, the testicles become quite enlarged and indurated. Each urination is accompanied by excessive boring and cutting pain extending clear up to the anus. The discharge if any is purulent and excoriating.

Erechthites—It has orchitis during gonorrhœa.

Sarsaparilla too claims an exactly similar symptom, but the distinctive points are the great swelling of the spermatic cord, much sexual excitement, eruptions on skins, history of abuse of mercury, etc.

It is hard for the *Pulsatilla* patient to retain the urine. It *spurts out* on the least movement or strain; she is afraid therefore to go out into company. She soils her clothes even while she is sitting or walking. She is afraid to cough or sneeze or laugh. It is a hard job for her to keep clean. Life such as she leads is wretched indeed. It reminds us also of remedies like *Nat. mur*, *Sep*, *Caust*, *Squil*, and *Ferr met*.

Much has been said and a great deal has been vaunted of the efficacy of quinine, in the treatment of malarial fevers. Quinine in the greater part of the cases in which it is prescribed, simply checks the fever and does nothing else. The reason then for which it is such a general favourite with average run of our physicians is that it needs no skill and very little intelligence to prescribe quinine. It is this seduction alone that tempts even physicians of our school to prescribe quinine. To prescribe the right homeopathic remedy requires consummate intelligence, great power of observation, penetrating discrimination and elaborate study but once the right remedy is prescribed, it dispells for ever the ailing incubus of the tortured patient. I know of a homeopathic physician who lacking in points that guarantee success, got dissatisfied with Homeopathy to cure "chills" and went over to quinine. The result was that all his cases kept on coming back time after time with the recurring ailment. Then at last the truth dawned on him; he went back to his homeopathic books with patience and determination, cured all his cases and is a staunch homeopath since.

Now *Pulsatilla* is an invaluable agent in the treatment of such fevers thus suppressed. Really speaking *Pulsatilla* is

good for all types of fevers, simple and compound, quotidian tertian and quartan. It has both morning and evening paroxysms though the evening one at 4 P.M. is predominant. The attack is mostly always preceded by gastric disturbances, such as diarrhoea nausea, vomiting, etc. The broad and the large tongue is coated white or yellow and is covered over with a tenacious mucus. The statement that I have previously made regarding changeability of symptoms also holds good here. No two paroxysms are alike; the stages of chill, heat and sweat run into each other presenting different aspect on each separate paroxysm. The chill starts at 4 P. M. with vomiting of mucus and dyspepsia. This chilliness is flitting in nature by which I mean that it is now here but a while after the parts feel hot and in a different place he feels chilly. Sometimes it is only one-sided with numbness in the part.

The next stage is that of heat. It is quite an anxious and an uneasy time with our patient. He feels as if hot water is dashed over him. His hands, his feet and his whole body burns like fire and like our Sulphur patient he is constantly in search of a cold spot. External warmth is intolerable and he complains of the room being too hot and stuffy and wants all the doors and the windows open. The veins are quite distended and his face is red. There is a symptom that may mislead us. On entering the sick room we notice that one cheek of our patient is red and the other pale and instantly we jump to Cham and Acon. They are not the only remedies with such a symptom. Puls. has just an equal right to it.

Even before the stage of heat is over sweat appears like beads of pearls on the face trickling down in great abundance. Sometimes the sweat is one-sided like the chill. It is worse in the evening and night and *during sleep*. As soon as the patient wakes up, the sweat stops. This is exactly the reverse of what we find in *Sambucus*. All night long he perspires

and his sleep is more like a stupefied slumber. It does not refresh him at all in the morning. And all that night in that disturbed, stuporous slumber he talks much.

Now a few words about the thirst of this patient. The general belief of thirstlessness as a characteristic of Pulsatilla is liable to lead many into errors when it comes to the treatment of fevers. *The morning paroxysms are almost always attended with thirst during the entire attack, while the evening paroxysm at 4 P. M. is generally free from thirst.*

There is another axiom that we can lay down and which it is worth while remembering. *If the heat that follows chill is merely a subjective sensation without any external warmth, it is unaccompanied by thirst, whereas if the heat is both subjective and objective it is attended by thirst.*

Sometime ago I treated a case of typhoid fever with Pulsatilla. The patient, an elderly gentleman of 60, started with chill, headache, and backache early one morning. There were great thirst, restlessness, and pain in the chest. Ere long gastric symptoms manifested themselves in the form of loose stools and loud empty eructations. Gradually his consciousness ebbed away and he began to spit blood complaining of a very severe pain in the right chest. His pulse was very variable ranging from 90 to 120. In a short while the pain changed its location and character shifting to the region between the scapulæ and manifesting itself like "stabs" which elicited painful shrieks from the patient. He had Acon, Bellad, Phos. and a few other remedies but the patient steadily kept on getting worse.

The delirium became quite marked; he wanted to get out of bed and run away, saw all kinds of strange fantasies. The pain in the meantime again shifted to the region of the liver and this time it was like twists.

Taking the case over again I determined to pay greater

importance to the *vacillation of symptoms*. Pulsatilla seemed to be the presiding genius of the case and it was prescribed and the patient made a steady recovery.

Pulsatilla has decided prostatic enlargement, so that the fæces passed are long and flat like ribbons. This is a complaint generally met with in elderly people with a taint of gonorrhoeal history.

These patients are afraid to lie down, for immediately after doing so they are seized with an irresistible desire to pass water, owing to the pressure of urine on the neck of the bladder. This desire they are afraid to satisfy, for each micturition is followed by a spasmodic pain in the neck of the bladder extending into the pelvis and down the thighs.

Pulsatilla is an important remedy in rheumatism. The pain, as I have said before, is flitting in character and is attended by chilliness. It is very similar to Rhustox in its modalities. The aggravation takes place at night, when at rest in bed and when rising after sitting long.

The remedy that is very similar to Pulsatilla is *Kali Sulph*, for in the latter remedy the pain which shifts and changes is alike worse in warm rooms and in the evening.

N. M. CHOUDHURI, M. D.

ARSENICUM ALBUM.

[*Insanity, Vertigo, Headache, Fever, Delirium, Eczema Caput, Chronic trachoma, Conjunctivitis, Ophthalmia, Hardness of hearing, Otorrhœa, Ulcers, Neuralgia, Toothache, Gangrene of tongue, Cancrum oris, Aphthæ, Diphtheria, Delirium tremens, Gastritis, Gastric ulcer, Diarrhœa, Cholera, Constipation, Hemorrhoids, Typhus, Hæmaturia, Albuminuria, Uræmia, Amenorrhœa, Leucorrhœa, Dyspnœa, Asthma, Emphysema, Cough, Pleurisy, Gangrene of the lungs, Palpitation, Angina pectoris, Hydropericardium, Convulsion, Epilepsy, Hysterical spasms, Chorea, Tetanus, Fever, Dropsy, Snake-bite, Urticaria, Herpetic eruptions, Variola, Carbuncle, Cuscer, Sepsis, &c.*]

Arsenicum album is another of our Master's immortal monuments. It is a remedy I cannot very well afford to do without and most of our Homeopathic practitioners will, I am sure, say the same thing about it, for as a remedial agent it is of great and extensive application.

Arsenic is a highly brittle metal of a steel gray color. It is used in the manufacture of small shots as an alloy to lead. Also it is added to iron and steel in the manufacture of chains and ornaments for the resulting combination takes on a bright polish. Arsenic is also utilized in the manufacture of glass.

But the Arsenicum Album of our Materia Medica is the Arsenious acid of the chemists. It is called an acid because of its power of combining with alkalies. It is one of our great metallic poisons. It has scarcely any taste; hence it can very advantageously be used for criminal purposes. Arsenic poisoning, therefore, is very common and many of the symptoms of the remedy are derived therefrom.

The quantity of this poison required to destroy life may be assigned at *from two to three grains* and the period at which death takes place from large doses of Arsenic varies from *eighteen hours to three days.* (*To be continued.*)

· BOILS, CARBUNCLES AND MALIGNANT PUSTULES.

Mr. President and Colleagues !

I take up this subject for various reasons. You may think that among so many serious and diversified maladies why this ordinary subject is taken up for discussion in this assembly of learned doctors.

I say the reason is various. In the first place these ordinary and often recurring diseases are more frequent and so the doctors are often called upon to treat them. They must be well up in coping with them, otherwise many sufferings are endured and even lives are sacrificed. In the second place, this season of the year, *i. e.*, after the scorching heat of April, May and June and at the advent of the rains,—is the time when these diseases are more prevalent. I also notice that in this year especially such cases are almost of every day occurrence. Our city of Calcutta is unusually healthy at this time of the year except that we are troubled with these boils and their kith and kins. I am not writing this to show my learning but with the hope that the discussion that will follow will help me and all like myself to know how to treat them.

Without attempting to give you much light about pathological changes and symptomatic diversifications, I will speak something about the therapeutic indications of those remedies which are more practical and useful for these conditions.

Boils.

They appear most prominent and become the cause of great suffering during summer months under unhygienic conditions of life. Many a time we cannot positively ascertain the cause of these growths. For instance in this year I find them in low and unhealthy houses and neighbourhoods, as well as in most sanitary healthy localities. Here the real cause is unknown to us.

There is not a shadow of doubt that heat is one of the most prominent factors in the causation of this disease. Children are the most to suffer. A friend of mine said that those children who are not properly bathed and cleaned are mostly to suffer from recurrent boils. This fact is not always borne out in practice. However, I must say that the real cause is just as much in the dark to-day as ever.

Sometimes we find victims of this disease in those who are of psoric nature. They are found in both weak and plethoric persons. It is a very painful disease and we have a great number of homeopathic remedies for its cure and the amelioration of its suffering. Recurrent boils are very obstinate and require anti-psoric remedies for their cure. We mention some of the useful remedies here. Best results are found by giving indicated medicines, instead of poultice and lancing.

Arnica is one of the best remedies for small and very painful boils. Severe pain is the real symptom but other kinds of pains may also be present. Many small boils one after another.

Belladonna stands next, especially in feverish conditions and great throbbing and lancinating pains. They appear as pustules in various parts of the body. They are extremely sensitive to touch.

Hepar sulph is rarely useful in the first stage of their appearance. Burning, throbbing and pricking pains. It hastens maturation and discharge of pus takes place, relieving the patients at once. Sensitiveness.

Lycopodium is required in chronic boils and those that do not mature easily. Blood boils.

Mercurius is used when pus is formed. Aggravation at night and by warmth of the bed, no relief by copious perspiration.

Sarsaparilla is most useful in blood boils and recurrent boils. It checks the tendency to frequent repetitions. I use it very frequently and with marked results.

Silicea is a very prominent remedy in boils and abscesses. It is a constitutional remedy and may be relied upon as a curative remedy *par excellence*.

Boils come in crops and after the discharge of pus the parts remain indurated for sometime. I use it often and with marked success. The higher and highest potencies suit the best.

Sulphur is useful in psoric patients. Repeated appearance of painful boils in various parts of the body.

Lachesis is another remedy of great repute, when the pain is very great and distressing and the affected parts assume a bluish

appearance. Pus is sanious and bloody, the blood being black and charry.

These few remedies, gentlemen, suffice for the cure and alleviation of suffering in such a painful disease as boils. Sometimes it requires a good deal of patience on the part of both the physicians and the patients. It requires time. Medicines should never be very frequently repeated. One or even two doses a day is quite sufficient for relief and ultimate cure.

Diet should be nourishing, but meat for the most part should be avoided. Vegetables and fruits are better. Bathing is not harmful, provided there is no fever.

Gentlemen, many a time we are unsuccessful in the treatment of these cases of painful boils. It is not the fault of homeopathy but the lack on our part to select the appropriate remedy. Here repertorial practice is urgently called for. Most of our practitioners in this country neglect to select their homeopathic remedies by the aid of repertory without which we utterly fail to find out medicines for complicated cases and chronic maladies. I know many instances where our vaunted qualified doctors failed to select proper medicines whereas laymen practising homeopathy, well grounded in repertorial practice, found out the remedy and effected marvellous cures. Gentlemen, you also know two lay homeopathic practitioners, who by their untiring energy and profound knowledge in materia medica and repertory gained a good name and reputation above the so-called qualified doctors of our system.

Carbuncles.

It is a formidable disease and its pathology and symptomatology are so diverse that in order to understand its nature and curative sphere great care is necessary. It may appear in various ways, viz : from small pimple and also from an extensive area of inflammation.

Prognosis depends upon the former health of the patient. If he has diabetes, the prognosis is grave and if there are no urinary troubles, it is comparatively easy.

Therapeutics—We cure cases of carbuncle by the indicated homeopathic remedies and in most cases we are successful. Cases of advanced

diabetes and broken down health are exceptions. Knife is seldom required and as far as our knowledge goes we see bad effects as a rule. Operative interference in large carbuncles is unwise to the extreme. We know many sad occurrences. In one case, an elderly lady was down with a severe form of the disease. My son Dr. J. N. Majumdar was called out of town. He remained there for a few days and all her symptoms were mitigated. In fact all the typhoid symptoms disappeared and pus formed. The lady was brought to Calcutta for further treatment. Here her friends and relatives prevailed upon her to submit to an operation to clear out the pus, to which she submitted without my son's consent. She was operated upon and from the shock she died the next day.

Another case. A youngman of robust form got the disease. From the beginning he was under my treatment and was improving, when his brother, an allopathic doctor, came in from outside station. He was told that the patient was much better. But the doctor wanted a simple consultation with an European Surgeon of the Calcutta Medical College. They decided to operate at once, otherwise serious blood poisoning would take place and the patient would die. My patient objected and said it would be sure death if knife was thrust into his body. Nobody listened to his importunities and he was operated. He succumbed immediately. This was a very heart-rending case and I am confident he would never have died and would have been all right if homeopathy was persevered in. There are many instances of this nature. Cures by medicine are innumerable and from seeing these instances a class of allopathic doctors now declare that the expectant treatment of carbuncles is the best.

In Homeopathy we have a number of very efficacious remedies. Administered according to proper indications they effect beautiful cures.

Arsenicum is first to be thought of in cases of carbuncle. Great burning, high fever, constant thirst and extreme prostration, Burning pain ameliorated by external heat, restlessness and aggravation after midnight. If he is a diabetic patient, Arsenic is so much more indicated.

Anthracinum—If not relieved by Arsenic, great burning and heat, cerebral symptoms with high fever, absorption of pus by the blood and gangrenous destruction.

I have cured very big carbuncles by the aid of this remedy. Commencing with the sixth and going up to 30th potency.

Belladonna is good at the beginning, with high fever and extensive red areola. Sensitive to light and air.

Carboveg. is an important remedy in the putrid stage of the disease. Carbuncle assumes blackish appearance and typhoid symptoms are developed.

Lachesis is useful in sepsis. Carbuncle black and putrid. Brain symptoms are developed, great burning and pain.

I have been able to cure some very bad cases with the high potencies of this medicine.

Rhustox—Very recently I cured a bad diabetic case of carbuncle with the high potency of *Rhustox*. Great pain and burning, great swelling of dusky redness, intense restlessness and high evening fever.

Silicea is useful in progressive stage towards recovery. Weak and pale face, great muscular debility. Pus copious and constant.

In the suppurative stage *Hepar* sometimes helps us a great deal, but it is rarely indicated in this disease.

Tarantula is also very useful after Arsenic.

Diet should be simple and nourishing. Milk may be given in sufficient quantities. Meat broth is often required, especially in cases of extreme weakness.

Medicines are almost always to be administered in high potencies and at long intervals.

Malignant Pustules.

It is also called Anthrax. It is also a very serious disease and always requires immediate attention. It is almost always caused by infection. It first appears as a small pimple or boil but soon takes on an erysipelatous appearance.

It is a very painful disease and if neglected typhoid symptoms are developed which cause sudden death. I have a very sad recollection of the effects of this malady, as a friend of mine, a vigorous and

healthy youth died a very lamentable death from it. Moreover, his death was hastened by the injudicious and improper interference of a thoughtless allopathic doctor.

Anthracin is a great remedy in this kind of cases. Burning and stitching, the cellular tissue is very much indurated and thickened.

Rhus tox stands next to *Anthracin*. Its usual symptoms are noticed.

Tarantula is valuable in great prostration and restlessness.

Apis may be of service in great oedema and burning.

Silicea is also very useful.

It is comparatively a rare disease. Local interference, hard pressure and use of knife are to be carefully avoided. Heat applications, poultices and hot compress may be useful if the patient gets relief by it.

Whitlow or Panaritium.

Though whitlow is a very painful disease and much allied to the preceding diseases, still it does not belong to the same category. But a friend and colleague wants to know something about it from me. Whitlow is an inflammation of the skin, tendons and their cellular tissue and the periosteum. It may take its origin from various causes. Hurt, prick by needles &c. are its prominent causes. It is treated in various] ways. First to prevent its development for which *Belladonna*, *Apis* and *Sulph* are used. Either of these medicines according to indications promptly checks further progress of the disease. *Merc.* is a favourite with many, but I don't find much benefit either, as a preventive or curative remedy. For violent pains *Anthracin* or *Arsenic* may be relied upon. *Arnica*, where they result from hurt and injuries.

Silicea stops the intense pain at once and I have great faith in it. A European sailor of robust form came to me with extreme suffering. A single dose of *Silicea* c.m. gave him much relief. He was leaving Calcutta in his steamer ; so came to me asking for more supply of it. *Hypericum* relieves pain at once if its cause is a traumatic one. All kinds of pain are relieved by higher potency of *Silicea*. Failing with this I have seen either *Fluoric acid* or *Calcarea Fluorica* useful.

THE INDIAN HOMEOPATHIC REVIEW.

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collateral sciences.

The knowledge of disease, the knowledge of remedies and the
knowledge of their employment constitute medicine.

—HÄHNEMANN.

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ECHINACIA ANGUSTIFOLIA.

This comparatively new remedy has been proved by Dr. J. C. Fahnestock with additional symptoms by Dr. T. C. Duncan. We do not know whether the provings were conducted exhaustively and with the aid of higher potencies. We have made rather extensive clinical use of this drug.

In the first place we have clinical experience of it in many zymotic diseases, as for instance in typhus and typhoid fevers, plague, appendicitis and many other diseases showing a low state of vitality. In many of these cases its curative effect is very prompt and permanent. In many of the most hopeless and complicated cases of disease we have been able to hold our own honorably with this medicine. Symptomatic indications in Dr. Clarke's excellent materia medica were not enough in those cases that came under our treatment to help us to select this useful remedy. In the first case we were obliged to resort to it by a mere chance. It was a case of a young man who was down with a virulent form of bubonic

plague. Many apparently well indicated medicines failed to make any impression and when we were almost hopeless of a cure, we resorted to it as a last chance and our eager expectation was fully realized. This youngman was working as a volunteer for watching plague cases and helping them in various ways. He was down with high fever and great prostration. Next day he was drowsy and talking incoherently. We were called on the first day and noticed enlargement of the gland in the left groin. Rhustox and Belladonna were tried with no perceptible improvement. He was drowsy almost to a comatose condition with incessant talking. Pulse became thready and very rapid, so much so that we could not count it. Consciousness had almost vanished and only after loud talking he opened his eyes which were bloodshot but even then he could not answer our queries, nor could he put out his tongue when asked to do so. Temperature was 105 F. Senses seemed to be benumbed.

Diarrhoea set in, stools were brown, thin and offensive, rather big in quantity each time. Urine scanty and high colored. Bubo assumed a big size and became red. We tried Baptisia, Pyrogen and Veratrum album without much benefit.

At last it seemed to us advisable to try Echinacia which was given in the third decimal potency in frequent repetitions. Next morning when we visited him our joy was unbounded. Temperature was reduced to 100 F. and the patient was conscious. Diarrhoea had stopped and the general condition was improved. He made a perfect recovery. The bubo suppurated and burst of itself. This was indeed a marvellous cure.

We have verified its curative power in bad cases of plague in some other patients. My friend Dr. G. L. Gupta spoke of it in glowing terms as one of the foremost remedies in

plague cases. My son Dr. J. N. Majumdar has also observed the efficacy of Echinacea in typhoid conditions in plague.

We have seen Echinacea successful in a case of appendicitis. Here the pain was intense, with low fever, much flatulence, the rectus abdominus muscle was very tense, bending double ameliorated the pain in the abdomen. The patient was very much exhausted. In a bad case of gangrene of the leg and foot we had a brilliant result. An elderly gentleman had a prick of iron nail in his left foot. He had a long walk after the accident. The next day the part became inflamed and the foot painful. He went on working as usual. Fever set in and gangrenous spots were visible a little above the affected part. Regular gangrene of the foot set in, which extended upwards. When we visited him, the lower third of his left leg had sloughed off. No other medicine had any effect and when Echinacea 3x was given four times a day, he exhibited signs of improvement. Fever was gone and the parts assumed healthy appearance. Gangrene was stopped and granulation filled up the parts.

In a case of carbuncle with chronic diabetes we have recently derived much benefit from Echinacea. Our patient was an active man of business. He first noticed a painful pimple in the middle of his back with red areola around it. This went on increasing with intense burning pain and inflammatory fever. Great thirst, restlessness and insomnia. Aise-nicum and Anthracin did not have much effect. Echinacea was given and extension of the inflammatory areola was at once stopped. Suppuration took place, gangrenous sloughs were separated and carbuncle was nearly cured. In this case the third decimal potency was given internally and an external application of twenty drops of the mother tincture in an ounce of distilled water was made use of. Parts were washed with weaker lotion.

Echinacea is an admirable remedy and requires clinical verification. It should not be stopped after a day or so, but should be continued two three times a day till improvement is visible. P.

Clinical Records.

P. C. MAJUMDAR, M. D.

I.

A middle aged robust woman, multipara, seven months pregnant, had an attack of fever and catarrh about ten days ago. After two days she showed signs of jaundice in her eyes. Fever rose very high, ranged from 99 to 102 F, with slight chill followed by long continued burning heat, restlessness and moderate thirst.

She was under homeopathic treatment from the beginning of her illness. There was no amelioration of her symptoms. *Belladonna*, *Rhus tox*, *Arsenic* and some other medicines were tried by the local homeopath and a consultant from Calcutta. There was seldom any improvement ; on the other hand she was getting worse.

I was then called and I found the following symptoms and conditions. Fever about 101, œdematous swelling of the eyelids and hands and feet ; eyes and face yellow jaundiced. Comatose sleep, no response to questions, bleeding from mouth and gums of arterial blood quite copious. Stools blackish and scanty but formed, urine scanty and once or twice in twenty-four hours. Abdomen enormously distended. Pulse full and slow about sixty in a minute, respiration normal. There was no difficulty in swallowing but she showed no signs of easy deglutition. Milk and water remained in the mouth for a time and then thrown down with slight gurgling sound. Hiccup and nausea present, no vomiting. Before this she complained of bruised pain in abdomen. The nurse said that she perceived the fetal sound all right and there was a living child, but no impulse of the child felt.

There was cold sweat on the head, chest and upper extremities, no sweat perceptible lower down. I suggested a dose of *Crotalus* as a probable remedy. One dose of 30th potency was given at once, to be followed by another dose at night, if there be no improvement. The next dose was given at ten in the night.

Got the report on the third morning. There was not perceptible improvement about unconsciousness and bleeding mouth but fever was not high that day, and the pulse was better.

Crotalus 200 (B. T.) one dose dry on the tongue.

Two days after report said, consciousness returned to its fullest extent, patient wanted some nourishing food, was very hungry, fever very little but bleeding from gums continued.

I was called to see the patient next day and I found improvement in every respect. The swelling had gone down, no jaundice, fever 99 F. No more medicine. She was perfectly cured in three or four days.

II.

Appendicitis. A young boy of rather poor physique, about ten years old, complained of pain in the right side of the abdomen, poor appetite, fever in the afternoon, considerable headache and obstinate constipation. An allopathic doctor came and diagnosed the case to be one of appendicitis and gave some medicine.

No improvement in two days' time and the father of the child called a homeopathic physician who gave him *Belladonna* 30. That checked the fever and eased the pain to a considerable extent. The doctor told the father to continue *Belladonna* for some time. This proved baneful. The boy had severe pain in the place of the appendix, with high fever, distended abdomen and no stool for three days.

I was called and there were found all the symptoms noted above. Advised no medicine for the whole day. In the evening the pain was so intense that I was sent for again. Fever was 103 F. Restlessness and great suffering. I gave a dose of *Ignatia* 200 every 4 hours but to be stopped after the suffering got less. Two doses of it completely relieved the pain and the boy was asleep. He was very much better

the next morning, no fever and very slight pain. Placebo three times a day.

In about a week after I was informed that there was a hard mass felt on the spot which was sensitive to pressure. Eyes slightly jaundiced and bowels loose with much mucus in the stool. One dose of Merc. viv. 30 cleared everything and the patient was perfectly cured.

III.

A delicate boy of about twelve years of age went to his father's house in a malarious place. He came down to Calcutta and was attacked with malarious fever.

Fever came on generally in the morning about 7 to 9 A.M. With fever there was slight chill, long continued heat, thirst during all stages, vomiting of water and bile after drinking, bruised pain over the whole body especially more in the extremities. Fever subsided in the evening, there was a complete intermission the whole night, with scanty perspiration. Bowels normal, generally had one stool in the afternoon.

Face sallow and anæmic looking, spleen slightly enlarged and painful.

Eupat. Perfol. 30 was given several doses in the course of three days but fever came on as before. I took up the case and after careful study of the symptoms found Arnica to be the remedy. One dose of the 200 potency was given during intermission. Next paroxysm was slight and the pain entirely subsided. Another dose of it checked further paroxysms.

IV.

A slender youngman had an attack of gonorrhœa, about four months ago, which was suppressed by allopathic medicines including injections. Since then he was in bad state of health. About a month ago he complained of pain in abdomen, difficult and painful urination, flatulence and diarrhœa. Allopathic doctors gave him a mixture to take and some embrocation to rub on the painful part. After rubbing it for three days he could not straighten the right thigh which was flexed. An abscess was apprehended in the left

lumbar region. Exploratory puncture was made on the back in lumbar region and pus was let out. He was apparently cured.

A few days after an abscess was formed in the left iliac region, which was extremely painful. Homeopathic doctors were called and one of them thought it to be an abscess and gave Hepar and another thought it to be a tubercular case and gave tuberculinum.

I saw the patient at last and two doses of Silicea 200 set him right. On my visiting the patient the second time, he was able to straighten the thigh, the pain was gone and general health improved a great deal. He was all right in a month's time, no tubercular taint remained.

Notes.

Repetition of dose—Hahnemann says about the question of dose in his immortal work "The Organon" that it must be considered from two sides ; one for chronic diseases and other for acute diseases. How often the medicine is to be repeated has been clearly pointed out by him. In section 247 he says "under these conditions, the smallest doses of the best selected homeopathic medicine may be repeated with the best, often with incredible result, at intervals of fourteen, twelve, ten, eight, or seven days, and where rapidity is required in chronic diseases resembling cases of acute disease, at still shorter intervals, but, in acute diseases at very shorter periods—every twentyfour, twelve, eight or four hours, and in the very acutest every hour, upto as often as every five minutes,—in every case in proportion to the more or less rapid course of the disease and of the action of the medicine employed as is more distinctly explained in the last note."

Malaria—This pest of our country will be coming all over the land in this season of the year. Commission after commission has been appointed by our Government to ascertain the cause of malaria and also the means to combat with it. The result of these Commissions are

always the same—mosquito is the cause and quinine is the remedy. The people are sick of quinine, they denounce it. Government makes provisions to get the drug cheap at the post offices in every village and town, but the people refuse to take it. We implore our homeopathic physicians to do their best to cure such cases by appropriate homeopathic remedies.

Calcutta Homeopathic Hospital—Large number of outdoor patients attend this institution every day. About fifteen hundred patients attended during the month of July. The indoor department will most probably be opened by our Governor Lord Carmichael in the month of November. There are about forty beds in this hospital at present.

Lectures in the Calcutta School of Homeopathy are delivered regularly during this season. Dr. P. C. Majumdar takes up the subject of the Organon in the second and third year classes.

The Calcutta Homeopathic Hospital—Our energetic secretary Dr. D. N. Roy is doing his best to clear the building debts of the hospital and we are glad to say that it is nearly complete. The senior partner of Messrs. Martin & Co., our distinguished and charitably disposed townsman Sir Rajendra Nath Mukerji has made a considerable reduction in the building charges. We offer our hearty thanks for his noble act.

Health of our City—It is unusually good at this season of the year. There are a few cases of cholera and typhoid fever. Plague fortunately is more or less absent this time when it is expected to be on the increase.

A CASE FROM PRACTICE.

During May last when there was a large number of cases of dysentery, which in many instances ended fatally, I was called upon to see a child, aged a year and a half, suffering from fever and dysentery. The child was born of a sickly mother, whose children were generally born with enlarged liver and spleen and never lived more than a year. Before the birth of this child the mother was placed exclusively under my treatment. She was constantly ailing from various sorts of maladies, such as malaria, dyspepsia, hysteria, hemiplegia, &c. I kept her up as much as I could. The mother was seldom strong and especially during the last few months she had been getting hysteric fits; and once, a month before delivery, was in a comatose condition for more than a fortnight, followed by the return of her former hemiplegia, and had only partially recovered, at the time of delivery. Curiously enough the child was exceptionally healthy and if ever he had any slight cold or fever, was generally soon cured with a dose or two of Nux Vom 30 or Calc. carb 30.

Now, at first, I gave him Calc. c. for two or three days after a dose of Sulphur 200. This checked the fever and slight improvement also in the stool was observed. But this did not last. Then I prescribed Nux Vom. 30, which also gave temporary relief; but again the dysentery came on with greater violence, pain, tenesmus, urging and fretfulness. I prescribed Merc. sol 30. This removed the blood. But now there was prolapsus of rectum. Podophyllum 6 after a dose of Sulph 200 checked it at first and the child was nearly cured. Then for sometime I received no news and thought the case was cured. But a week after I was called to see the child. The dysentery was aggravated and prolapsed rectum protruded about three inches from the sphincter and could not be pushed back. Podophyllum 200 did make some improvement. But an Allopathic doctor said that it must be cut off and there was no other way of curing it. But Ignatia 200, once every 4th day, cured it completely in ten days.

B. L. BHADURI,
Khulna.

MATERIA MEDICA.

Naja Trip or Cobra is a very useful remedy in our country. It has been used as a powerful remedy from a very old time and curiously with almost the same kind of indications as is done now by the homeopaths. It is a fact undeniable and I always call it an "unconscious homeopathy."

It is closely analogous to other serpent poisons, such as *Lachesis*, *Crotalus* &c.

It is useful in mental diseases, such as insanity, brooding over imaginary troubles and diseases, irritability and restlessness, mental and physical weakness, absence of mind and dullness and stupefied and confused feeling. We have seen all these conditions of stupefaction and confusion on experimenting on animals. Many kinds of headache have been cured by this remedy. In a case of a European lady who suffered long from bad headache, menstrual irregularity, ovarian pain especially on the left and palpitation of heart, *Naja* was the curative remedy after failure with others.

In sore throat *Naja* is used with almost the same symptoms as *Lachesis*. Its action is prompt.

Lobelia in spasmodic asthma. Great oppression in chest, palpitation of heart with constant nausea. Spasmodic croup with threatening suffocation.

Paullinia Sor—We used it once in a case of nervous prostration brought on by recurring fevers and under alcoholic indulgence. It is a case of a young man. *Paullinia* 30 cured the patient in a month's time.

Grindalia—It is useful in a peculiar kind of cough asthma, with profuse secretions which are tenacious; the expectoration relieves. Paroxysmal dyspnoea, with palpitation, faintness, inability to lie down, starting with convulsive

efforts to breathe with livid face. Cheynee-Stokes respiration, if the patient drops off to sleep, stops breathing, wakes with a start and gasps for breath. (Edema of lungs and broncho-pneumonia in cases of fatty degeneration of heart, can breathe only when sitting up, has to keep awake to breathe. Chronic pneumonia, with purulent expectoration, great dyspnœa, asthmatic expectoration. Chronic bronchitis, with headache and purulent expectoration. (T. F. Allen, in Hand book).

Gentiana Lutea.—Allopaths use it as a bitter tonic. Its usefulness in digestive derangement is well marked. Violent acid eructation, nausea after meal. Heaviness and pressure in stomach, distention of abdomen, bilious diarrhœa in the afternoon. These are some of its peculiar symptoms.

Obituary.

DR. UMES CHANDRA BAGCHI.

With great sorrow and profound regret we have to record the death of Dr. Umes Chandra Bagchi of Chitholia in the district of Pabna, on the 1st of June, 1913. Dr. Umes was born of respectable parents and got his early education in the Cooch Behar Moharajah's College where his father used to practise as a lawyer. Then he came down to Calcutta in search of some useful employment.

Here he used to live in Dr. P. C. Majumdar's house and was convinced of the superiority of the homeopathic system of treatment, and was eager to learn and practise it as a profession. Dr. Majumdar then started his Calcutta School of Homeopathy and young Umes was one of the foremost students. He studied in this institution for three years and graduated as a Licentiate in homeopathic medicine and surgery. He headed the list of students that year.

After a few years of hard work at Dr. Majumdar's clinic, he went home to practise there, but after a year returned and located at Beneras where he made his name.

In the year 1889 Rajah Sir Sourindramohan Tagore established a charitable homeopathic dispensary under the supervision of Dr. P. C. Majumdar and Umes was appointed as the head medical officer. Here the young doctor got a good field for work and gained thorough practical experience. He worked here for a long time and then retired. He went home but could not stay long there as Dr. J. N. Majumdar placed him in the service of Rajah of Banwaribad near Catwa in the district of Mursidabad. Here Umes worked for a few years but got malaria which shattered his health. He could not gain his former health and vigor again. He went to his native village near Pabna and got an attack of diarrhoea followed by peritonitis which proved fatal.

Umes was a homeopathic physician of the Hahnemannian type. His faith in this system of medicine was unbounded. In his earlier days he contributed some thoughtful articles in the pages of this journal and wrote clinical cases from his varied experience. He was a good Bengali scholar and his knowledge of the homeopathic Materia Medica was profound.

He was one of the provers of Azadirachta Indica under the direction and supervision of Dr. P. C. Majumdar. Azadirachta is a very useful remedy and it finds place in our Materia Medica as a remedy for chronic fevers, asthmatic complaints and various skin affections.

Dr. Umes has left a widow and two sons to whom we extend our sympathy in their bereavement.

Salvarsan.

DR. EHRLICH'S ADDRESS

The Science of Pathology.

Professor Ehrlich's address on the Chemotherapy was the principal feature of the proceedings of the Congress of Medicine on August 8th. The high reputation of the lecturer attracted a very large audience, the members of which showed by their applause the great esteem in which the distinguished discoverer of salvarsan is regarded in medical circles. The chair was taken by Sir Thomas Barlow, the President of the Congress, who, at the conclusion of the lecture, expressed the hope that Professor Ehrlich might long be spared to prosecute his beneficent researches on behalf of humanity.

Professor Ehrlich, of Frankfort, delivered in German the general address in Pathology.

Professor Ehrlich, who met with a most cordial reception from a large and distinguished audience, began by expressing the great happiness and special honour experienced by himself and his foreign colleagues at finding themselves on British soil and able to meet British doctors and men of science in personal and scientific relations, with the object of contributing by their common labour to a work destined to benefit the whole world.

A Tribute to British Science.

They found themselves on a soil from which two men had sprung who must be reckoned among the greatest of all times—Jenner and Lister. The great achievements of Jenner still shone incomparably, like a sun out of an age of darkness—a sun which had broken the strength of so terrible a human scourge as smallpox. At the last Congress which took place in England they had looked with admiration on Lister, who through the introduction of antiseptics had given an impulse to surgery unique in the whole history of medicine. Here in England the first type of a modern institute for tropical diseases was created under Sir Patrick Manson, which had become a model for all subsequent institutes. Ross by his masterly work so far

advanced the result of Laveran's discovery of the parasite of malaria that entirely new paths were opened for the conquest of tropical diseases. The demonstration by Castellani of trypanosomes as the parasitic cause of sleeping sickness, the classical work of Bruce on the trypanosomiasis, the discovery of the specific cause of kala-azar (Dum-Dum fever) by Leishman, were known to all. In the Liverpool School of Tropical Medicine the remedial efficacy of atoxyl in disease due to trypanosomes was first firmly established by Thomas and Breinl; and Plimmer had lately introduced a further powerful weapon against protozoal diseases in the shape of tartar emetic. The life-work of Almroth Wright was also present in the minds of all—his work on opsonins and the prophylactic treatment of typhoid fever.

These few names, to which he could add many more, proved what a distinguished and leading role England had undertaken, and was still undertaking, in the battle against infective diseases.

Infective Diseases.

The prevention of infective diseases and their cure had always been the highest aim of all medicinal effort; but a systematic pursuit of this aim had only become possible in recent times, since through research in all civilized countries insight had been gained into the nature of infections, of the causes of disease, and of their carriers. Only thus was it rendered possible to infect animals artificially, and so to obtain experimental material whereby remedies could be tested systematically and rationally. Chemotherapy, as such, had existed, indeed, from the very beginnings of medicine, for practically all remedies which we applied were chemical; on the other hand, experimental chemotherapy could only develop itself fruitfully in modern times in the light of all this past and fruitful experience. A special kind of institute well equipped with chemical apparatus, was necessary. The first thing of this kind was started in Frankfurt through the munificence of George and Franziska Speyer.

The Principle of Chemotherapy.

The whole domain of Chemotherapeutic work was ruled by a very simple and, he might say, self-evident principle. If the law

was valid for chemistry—"corpora non agunt nisi liquida"—so for chemotherapy the decisive principle was "corpora non agunt nisi fixata." Applied to this special instance, that meant that parasites could only be destroyed by such agents as those to which they had a certain relationship, thanks to which they could be grappled with. Such agents he called parasitotropic. He must, however, immediately add that exceptions existed to this law. Thus we knew a small number of cases in which apparently curative results had been obtained, although the therapeutic agents had no direct parasiticide properties. There was, for example, the case of subcutaneous infiltration produced by a kind of fungus (Sporotrichosis.) Here Bloch had demonstrated that the beneficial action of iodide of potash was, in the first place, exerted on the cells of the infiltrate, while the parasites themselves were not directly affected.

The Action of Salvarsan.

In certain quarters it had been assumed that part of the new therapy, e.g., special preparations of salvarsan were erroneously regarded as parasitocides, while in reality they were not, in so far that they did not act directly on the parasites, but indirectly by leading to the production of specific antibodies in the organism. He proceeded to answer this criticism by citing experiments on the spirillum of relapsing fever, cultures of which after treatment with salvarsan were no longer capable of infecting mice. Thus the most minute trace of Salvarsan were capable of inhibiting the growth of micro-organisms, proving to the hilt the direct action of the drug on animal parasites. It was, however, necessary to penetrate more deeply into this principle, and it was only after much labour that clearer insight was obtained.

He explained how the existence of stocks of micro-organisms immune to various toxic substances can be accounted for only by a purely chemical diminution of their affinity. Such diminished affinity explained in the simplest way why a large dose of arsenic was necessary to destroy a trypanosome which was immune to arsenic; for the less the parasite was affected, the larger the

porportion of arsenic necessary to destroy it. A completely exhaustive knowledge of all the various chemical peculiarities of a parasite, which he called the "therapeutic physiology of the parasitic cell," was essential for its successful chemotherapeutic treatment. Many observations, he contended, led to the conclusion that certain chemical peculiarities were found in many different kinds of parasite, and not in one alone. Knowledge of these peculiarities was of especially practical importance, because remedies which were appropriate to them had a healing influence on a very large series of diseases.

Importance of Chemical Knowledge.

In proportion as more of these chemical affinities were discovered, the greater was the possibility of successful chemotherapy. The first condition of a remedial substance was that it should possess a certain grouping, having a definite relation to the chemical structure of the parasite. Hundreds of substances might be capable of attaching themselves to a parasite, but only a few were able to effect its destruction. From considerations which he detailed it must be admitted that the grouping of the synthetic arsenical substances poisoned the bacterial protoplasm, and that seemed only possible if between the drug and the cell a chemical relation existed. Now it often happened that natives, in order to kill their enemies the more surely, poisoned their arrows not with one, but with two or three different kinds of venom, and so it seemed in the case of parasites that we should imitate their methods since we have the same objects in view. We should not dip our arrows in synthetic poison once, but twice. Working with Dr. Karrer, a triple compound of arsenic had been manufactured—namely, salvarsan combined with other metals, which in animals possessed even greater remedial potency than salvarsan itself. Certain substances can and must, in a diluted form, destroy micro-organisms, as in the ordinary processes of disinfection. But the task was obviously far more difficult of destroying organisms when their habitat was in the living body. When it was required to disinfect a room the task in the present state of science was an easy one ; but it would be more difficult if the room were full of

furniture having the tender susceptibility of living tissues. It had been shown that substances which had great germicidal power in very dilute solutions completely failed in therapeutic efficacy. Such disinfectants being very strong cell poisons had a very serious effect upon the body being inimical not only to parasites, but also to the organism which harbours them. Robert Koch found that large doses of corrosive sublimate had no curative influence on anthrax. The only substances of value as remedies were those whereof the individual could tolerate a larger dose than was sufficient to induce recovery. The researches of Professor Langley, of Cambridge, on the action of alkaloids were quoted in support of these views.

Idiosyncrasy.

Professor Ehrlich then touched on idiosyncrasy to drugs, and to such articles of food as strawberries and crabs, which produced nettle-rash in certain persons. Happily, he said, instances of such supersensibility with regard to salvarsan were rare; in many cases sources of difficulty in the use of salvarsan has been due, not to the salvarsan itself, but to obscure causes which had been attributed to idiosyncrasy. Wechselmann, McIntosh and Fildes, Hort and Penfold, proved that the dead bacteria present in distilled water were capable of producing fever and other unpleasant effects. The ideal of Professor Ehrlich's radical treatment was to free the body from micro-organisms by one or at most two, injections of medicine. In animal experimentation this principle was being pursued. The old medical maxim "Strike hard and strike at once" still held good. The longer the disease had been in progress the larger must be the dose to subdue it, for the parasites were then much more numerous. Early treatment, in short, was as necessary as ever it had been.

Lessons of Experience.

The practical results of Professor Ehrlich's system of treatment had been best shown in the group of diseases caused by spirilla (spiral microbes). Thus a tropical scourge known as yaws had been so greatly overcome in Surinam that a hospital which formerly contained an average of 300 sufferers was closed altogether after the

introduction of salvarsan treatment, as a single injunction sufficed to cure all the patients but two. In the case of Vincent's angina (a form of acute tonsillitis) the local application of salvarsan to the inflamed parts was sufficient; and there were a number of other diseases, both in man and in animals, for which the treatment was valuable.

Significant progress had been made during the last 50 years in the combating of the infective diseases; and this was essentially associated with the names of Pasteur, Robert Koch, and von Behring. With these names he coupled those of Löffler, Pfeiffer, Gaffky, Laveran, Frosch, Roux, Nocard, Theobald Smith, Metschnikoff, Widal, and Wassermann.

Confidence in the Future.

Prevention of disease had received an additional impulse from these researches. He looked forward to the extension of the principle of chemotherapy as a means of bridging the gaps which still existed in our knowledge of the treatment of some diseases. Chemotherapy now possessed a scientific foundation and principles and the line of advance was visible.

In the diseases involving protozoa spirilla wonderfully good results have already been gained, said Professor Ehrlich in conclusion which can satisfy the most far-reaching tests. In a series of other diseases—small-pox, scarlatina, typhus exanthematicus, perhaps also yellow fever, and above all, infectious diseases caused by invisible germs—there is a bright prospect of success. But in contradistinction to these super-parasites the ordinary or common bacterial diseases (the streptococcus and the staphylococcus coil, typhoid, dysentery, and, above all, tuberculosis) still call for a hard struggle. Nevertheless I look forward with full confidence to success here too. In the next five years we shall probably have advances of the greatest importance to record in this field. Considering the enormous number of chemical combinations which are involved in a struggle with diseases, it will always be chance or happy inspiration which decides whether some investigator gets on the track of the

substances which provide the best materials for fighting the malady. The chances in favour of finding a cure, and so winning the prize, are multiplied with the number of those who occupy themselves with the problems. It is just at this point that necessity arises to gather and unite all powers, and here special force attaches to that motto. "Viribus unitis," which is the foundation of this great International Congress to which thousands have been drawn from all lands to give their testimony that in the world of science all national boundaries have disappeared.

Sir Thomas Barlow, the President, said they all desired that Professor Ehrlich might long be spared for the sake of humanity, and to add to his most important researches. They hoped that his name might be inscribed on the same magnificent roll as that which bore the names of Pasteur, Lister and Koch.

The Indian Daily News.

PROVING OF ROHITAKA.

(TECOMA ANDULETA).

Synonyms :—Amorna Rohitaka, Andersonia Rohitaka.

Natural order—Milliaceæ.

Habitat :—Met with in Oudh, Assam, Sylhet, Cachar, Northern and Eastern Bengal and Western Ghats in India, and also in Burma, the Andaman Islands and the Mallaccus. (Dr. Watts).

It is an evergreen tree with a large crown of branches. Its popular names in Bengal are Rora, Royna, Pilraj and Tiktaraaj, differing in different districts. It grows to a considerable size and height. Its bark forms the chief ingredient in several compositions of the Ayurvedic (i. e. Hindu) system of medicine and is held in high repute as a sovereign remedy for enlarged and painful spleen and liver and for diseases that follow from disordered spleen and liver, such as jaundice ascites &c. It is said to be good for intermittent fever also,

when attended with complications of the spleen and liver. The plaster of the pounded bark over the affected region is highly recommended as affording great relief in pains of the liver and spleen. Such is the reliance placed on Rohitaka in the Hindu system of Medicine that it is stated in the Charak-Sanhita, the greatest and most revered of the Hindu medical authorities, that if Rohitaka properly treated with cow's urine, does not cure disordered spleen or liver, there is no medicine that can effect a cure.

The drug prepared from the bark of Rohitaka, according to class IV of the American Homeopathic Pharmacopia, was proved by Dr. Pramaḍa Prasanna Biswas, a Licentiate of the Calcutta School of Homeopathy and a disciple of Dr. P. C. Majumdar of Calcutta, together with two associate provers. The result is recorded below. From the proving, although yet very imperfect, it would appear that the drug is likely to prove a valuable Homeopathic remedy in affections of the liver and spleen and their concomitants. It is requested that the profession will take up the matter and further prove the drug and test it clinically. The few cases in which it was clinically tested by the prover will appear after the notes on the provings are finished.

Prover No. 1. P. P. Biswas, aged 42 years, of Psoric constitution, nervo-bilious temperament and active habits. Has some skin affections. Is subject to nervous disorders now and then. Has a tendency to morning diarrhoea for some years past. Of acute sensibility. Has bald head. Does not use any narcotics. Is a strict vegetarian and of sober habits.

12th January 1912.

6-30 A. M. Took 2 drops of 3rd centesimal with water and at

6-30 P. M. Two drops of the same potency.

No marked change.

13—I—12.

7 A. M. Took 2 drops of 1c.

7-30 P. M. 2 drops of 1c.

Dryness of throat and root of tongue on the following morning after rising.

14—I—1913.

7 A. M. 5 drops of 1c.

5-30 P. M. 10 drops of 1c.

At night dreams of travelling by railway train, of roaming on land were very marked. Awoke the following morning earlier than usual.

15—I—12.

7-20 A. M. 20 drops of 1c.

In the morning taste slightly changed.

9 A. M. Pain in cordial region and in left hypochondrium extending up to the base of the left lung. Pains in the back also.

9-30 A. M. Dulness and slight aching in right hypochondrium.

5-45 P. M. 10 drops of ϕ .

Forgetfulness marked (noticed from morning).

Sensation as of a slight pain in both hypochondria—relieved after taking food at night.

16—I—12.

7 A. M. 20 drops of ϕ .

5-30 P. M. 20 drops of ϕ .

17—I—12.

7-45 A. M. 30 drops of ϕ .

Escape of much flatus in the latter part of the night. Passed stool smaller in quantity than usual.

Bitter taste in throat and root of tongue a little while after taking a dose of the drug. This taste remained until the next meal was taken.

Frequent hawking up of thin mucus with ease from the throat.

5-30 P. M.—30 drops of ϕ .

8-45 P. M. Pain in right hypochondrium between 9th and 10th ribs which appeared to be superficial.

Easy expectoration of thin mucus from throat.

18—1—12.

6-45 A. M. 40 drops of ϕ .

On awaking at 5-30 A. M.—A bitter taste was felt deep down in the throat.

7 A. M. Loud eructations.

8 30 A. M. Empty eructations.

A peculiar sensation of heat in both hypochondria.

The bitter taste in the throat continues.

Palms hot ; sensation of heat in the forehead.

7 P. M. 40 drops of mother Tincture.

7-30 P. M. Palms hot and burning. Pricking sensation on the whole body. Bitter taste of mouth in the evening, eructations, a sensation of pain or slight aching in both hypochondria.

8 P. M. A slight aching pain felt at times in spleen and liver.

Dull aching in right hypochondrium (in the upper portion of the liver). > after taking food at night. Pyrosis—Had to hawk up thin mucus.

19—1—12.

7 A. M. 50 drops of mother tincture.

A sense of weariness in rising from bed. After rising a sense of languor, such as is felt after a sleep following a long ride.

Bitter taste in tongue and throat.

On awaking before rising passed flatus several times with loud noise. Contrary to habit, no call to stool on awaking.

Stools, when passed, scanty, with a sense of the contents of the bowels not being fully voided.

Urging to stool, but no evacuation, flatus escaping instead.

Pain in the loins on stooping.

8 A. M. Passed flatus with loud noise from time to time.

8-30 A. M. Dizziness in head. Inability to think or fix the mind on any thing, (The prover thinks that the dizziness was due mainly to the action of alcohol in the drug, he being quite unaccustomed to the use of intoxicants or even tobacco.)

10-30 A. M. Took another dose of 50 drops of mother tincture.

11-15 A. M. Nausea and constant secretion of water in mouth. Sour eructations.

4 P. M. Heat and burning sensation in the top of the head. Slight headache in both temples. Dull aching pain in the right hypochondrium in the upper and posterior parts of the region of the liver. Aching pain in splenic region. Headache also in forehead. Dryness in throat. This dryness was felt in a less marked degree during the preceding part of the day. Loud eructations at intervals. Dimness of sight on looking at a thing. Dizziness and inability to fix the sight. The pain in the liver was worse in the afternoon during the whole course of the proving. No change in motion or rest.

4-30 P. M. Palms hot, flushes of heat in eyes and face. Eructations. Yawning.

4-40 P. M. Marked dull pricking or stitching pain in the region of the liver. At intervals burning and sense of heat in the stomach and also dizziness.

Feverish, pain in spine and between spine and right scapula.

6 P. M. Flushes of heat over whole body. Glowing heat in

face, eyes and ears. Flushes of heat and burning in head. Palms very hot and burning. Soles more hot and burning than palms. Desire for and relief from cold air, while squatting sweat in axillæ and bends of the knees. Sweat on upper lip. Pulse full but not quick. Eructations and passing of flatus at intervals. The dryness of throat which was felt two or three hours before, has disappeared, and a sticky sensation is being felt instead.

The pain in the region of the liver has continued through the whole afternoon up to this hour.

6-15 P. M. Eructations. Forgetfulness, very marked. cannot collect thoughts or ideas. Pricking over the whole body and desire for out-of-door cool air. Soles hot and burning. Desire to cool them with cold water or air.

6-30 P. M. Frontal headache.

7 P. M. While walking—loud eructations, escape of flatus, at times flatus has to be expelled with effort.

7-25 P. M. Frequent yawning.

8-30 P. M. The pain in the hepatic region, disappeared after the evening meal.

20-1-12.

4 A. M. Bad taste in the mouth after rising. The morning stool was easier, with less flatus than in the last 3 or 4 days. The stools were softer and more slippery.

Sour eructations. The heat and burning of the palms are still being felt.

7 A. M. Took 60 drops of mother Tincture.

11 A. M. Took another 60 drops of mother Tincture.

Head hot. Flushes of heat in the face. Feeling of heat over the whole body—Desire for cold bath.

At midday meal, while swallowing food, sensation of dryness and scraping in the back of the throat.

Passed stool after the midday meal, cannot have the

accustomed siesta after midday meal since yesterday.
Head hot.

5 P. M. The pain in the liver is not being felt this afternoon, as in the preceding days. Sensation of heat in the abdomen. Nausea, waterbrash. Hawking of mucus at times.

Frontal headache, flushes of heat in face, ears, eyes and head.

Sour eructations with risings of water. Soles and palms hot and burning.

5 30 P. M. Feeling of heat over the whole body. Desire to uncover.

Flushes of heat in several parts of the body at different times.

Dimness of sight from dizziness in the head.

6.45 P. M. Feeling of heat over the whole body. Feels relieved while walking in the street with head uncovered. Cannot bear stockings on. Soles and palms hot and burning. Desire to get them into contact with something cool.

Eructations from acidity. Regurgitation of sour fluid into the mouth. Saliva sticky. Heart-burn, crampy pain from acidity in the stomach. Sensation of heat in the stomach. Giddiness when rising from a sitting posture.

Sight dimmed, when directing the eyes to look at an object.

Nausea.

Pulse—Full, even feverish, rather quick.

Cancer Curable.

A Disease of Civilization.

One in every eight women, one in every eleven men past the age of thirty-five dies of cancer. After middle life cancer kills more women than any other disease.

Cancer may well be called the living death, for it creeps upon its victims insidiously, drags them down to despair before they realize the meaning of its deceptive early signs.

In the United States the prevalence of cancer has multiplied nearly eight-fold in thirty years. Seventyfive thousand deaths were attributed to this malignant disease in the registration area during the single year of 1909—a figure which probably represents about two-thirds of the actual death rate.

Uncivilised peoples rarely or never suffer from cancer. It is a disease of civilization, with an apparent preference for victims of the highest culture.

The disease can be transplanted in animals, cultivated through many generations. Cancer cells can be made to grow in a laboratory test-tube just as germs are made to grow. But the nature and cause of cancer remain an unsolved mystery, notwithstanding the tireless groping of earnest scientific workers the world over.

Plausible theories have been advanced by various investigators to explain the development of disease, but each falls short in one or another direction when applied to the manifestation of cancer in actual practice.

Conheim's theory is that cancer is an accident of embryonic development. Certain cells are supposed to become isolated from their natural position in the embryonic cell layer to be entangled in the meshes of another cell layer—a floating island breaking away from the parent shore—and later in life assuming a rapid and abnormal growth which constitutes a cancer.

Virchow believed that some injury, blow or long continued local irritation stimulated overgrowth of the normal cells of the part, the result being cancer. This theory offers a logical explanation for the pipe smoker's cancer of the lip, the stomach cancer developing in the seat of an old gastric ulcer, and the uterine cancer developing in the cicatrix that follows the lacerations of repeated childbirth.

A more recent theory is that cancer is due to some unrecognised parasite, either a germ or a plasmodium of higher order, and that the disease is infectious. The only evidence favouring this view,

However, is a mass of interesting but inconclusive statistics tending to prove that certain houses have harbored more than a reasonable proportion of cancer patients during a period of years, and that certain communities or areas of population show an abnormally high prevalence of cancer. Dr. Roswell Park, director of the New York Cancer Laboratory at Buffalo, mapped out a district extending through Western New York, Northern Ohio and contiguous territory in which cancer prevailed more than anywhere else in America—the "Cancer Belt."

But all the theories are pitifully inadequate to account for the alarming increase of the disease. The effort of the medical profession at present, therefore, is to disseminate among the entire laity such knowledge as we have and to point out the only known means of cure.

The treatment of cancer is by no means so hopeless as the premises would seem to indicate. Notwithstanding our ignorance of the cause, and despite the pessimistic utterances of the former type of family doctor (who didn't bother to make unpleasant examinations for trivial complaints), despite the blatant mockery of the inhuman sharks who declare in flaring advertisements that the knife is useless, the truth is this : Cancer is curable if taken in time.

In no other chapter of human life is delay so destructive as in the diagnosis of cancer. Cancer plus procrastination is the blackest blot on the medical escutcheon.

The investigations of a Cancer Commission appointed by the Pennsylvania Medical Society disclosed some shameful facts bearing on this sin of procrastination. For instance, it appeared that in 3 per cent. of breast cancers the physician first consulted made no examination at all. In 10 per cent. of stomach cancers and the same proportion of uterine cancers the physician first visited failed to explain the necessity for an examination. These unfortunate patients were condemned to death without benefit of surgery by the criminal indifference of their medical advisers.

Far more fatal than professional indifference is the sense of false modesty or fear of an "operation" which prevents too many cancer

victims from seeking proper treatment while there is yet hope. At first Cancer is always a local disease, amenable to prompt treatment by cauterant, X-ray radium or the knife.

One of these four methods it must be. There is none other that can be relied upon, oily-tongued charlatans to contrary notwithstanding. It is for the competent, conscientious family physician to decide which method should be employed for the individual case. The important thing to remember is that "A Cancer that is local and hence curable to-day, will be deep rooted and hopeless next month."

The onset of cancer is almost invariably announced by certain danger signals, which cannot be ignored without the probability of a wreck far on.

THE DOCTOR'S NEW WEAPON.

"No one who reads the Address in Pathology, which was delivered at the Medical Congress by Professor Ehrlich can fail to understand why the problems of our science have of late become so fascinating," says the "Lancet".

To End Disease.

"The message of that tale is to announce that of late there has been put into medical hands a weapon—nay, more, a whole armoury of weapons—which may go far to free the world from many of the worst diseases which now enthral us.

"The basis of the new medicine has been the recognition, or at least the partial recognition, alike of the way in which the infective diseases work us harm and of the way in which the unaided body strives to combat the attack.

"We knew, for example, that in many of these diseases one attack conferred an almost perfect immunity against subsequent attacks, but we knew nothing as to the way in which this immunity was won, and we knew that in nearly every case the use of drugs was able to do little or nothing to cut short the natural course of these

often common maladies. One definite step had been made in the control of such infectious conditions : the discovery of the efficacy of vaccination had enabled us to confine within very narrow limits the field of action of small-pox. If vaccination had been rightly used it is probable that by this time the disease would entirely disappeared from our midst or would have shown only by occasional attacks in connection with immigrants that imported cases alone could exist here. But nobody now denies that while we were employing vaccination with the greatest practical success, we were as yet uninformed as to the precise mode of action of this prophylactic ; the method, efficacious though it had proved, was empirical.

"Gradually we have come to learn something of the complex method by which the animal body defends itself against the assaults of microorganisms ; and our knowledge, incomplete though it may be, has enabled us to devise methods of aiding the efforts of the body to get rid of the invading germs. Gradually we have learned, and for this knowledge we are in great part indebted to Professor Ehrlich, that both the tissues of the body and the bodies of bacteria and other disease-causing organisms are vulnerable because they possess particular points of attack.

"Professor Ehrlich's famous side chain theory though it be, explains in a comprehensive manner what way happen. The assumption that protoplasm is composed of complex molecules, bearing on them atomic groups of such instability that they are ready to combine with other atomic groups for various chemical functions, has indicated to pathologists the line along which the attack on the specific germs may be most effectively conducted. Every chemical substance cannot equally affect all germs ; every antiseptic has its own peculiar property of destroying micro-organisms, and this special power will depend on its ability to link itself with what Professor Ehrlich has termed the side chains.

Ehrlich's Side Chain Theory.

"Not only can the human body develop substances within itself to protect itself against infective germs, but the germs can protect

themselves against the remedies which have been administered to destroy them.

As there are several forms of side chains in the parasite, each of which is suited for the action of a different drug, it will follow that we can obtain a satisfactory action by the administration of a comparatively small dose of several drugs rather than by the full dose of one drug, and at the same time the harmful effect on the body of the host is lessened. And now a wonderful result is found to follow—the sum of the actions of these several small doses of different drugs is greater than a full dose of any one of them.

“An almost boundless field of possibilities is opening before us. The powers of treatment will be still more enhanced, and many diseases at present beyond our control will become amenable to the action of drugs.”

—*Indian Daily News.*

Book Review.

HOMEOPATHY IN MEDICINE & SURGERY.

BY EDMUND CARLETON, M. D.

311 pages. Cloth \$ 2.00 net. Postage 15 cents. Philadelphia.

“ Boericke and Tafel, 1913.

In these days of many useless Homeopathic publications Dr. Carleton's book is a relief. It is an oasis in a desert. After the great fathers of Homeopathy are in their resting place, very few among us have been able to write such a book.

Though it is a small book, it is full of gems. All that is written here is of immense practical value. The clinical cases written by the doctor are very valuable as practical hints to both young and old physicians and surgeons of our school.

Dr. Carleton is a man of vast experience in Homeopathic therapeutics and he is also a great surgeon in the City of

New York in the United States of America. His book is a book of Homeopathic medicine and surgery. Unlike other surgeons of our rank who invariably indulge in surgical operation at the expense of medical treatment he points out in this work where medicine can do better than surgery. At the same time he is not blind to the aid surgery can give where medicine fails and surgery is indicated. For this reason also we are charmed with this valuable work.

Various complicated diseases are treated here with great tact and judiciousness. Indications of most important remedies of this or that disease are given in full and often capped with clinical cases from his own experience and sometimes with sound practical experience of other prominent physicians and surgeons of our school.

This is undoubtedly a very useful book for busy practitioners and young physicians and we hope to find it in the library of all Homeopathic practitioners all the world over.

The got up is nice and gives credit to Messrs Boericke and Tafel the renowned homeopathic publishers.

A PRACTICAL GUIDE TO HOMEOPATHIC TREATMENT.

Designed and arranged for the use of families, prescribers of limited experience and students of Homeopathy.

BY MYRON H. ADAMS, M. D.

*Consulting physician to the Rochester Homeopathic Hospital,
Member of the New York State Homeopathic
Medical Society, etc.*

455 pages. Price, \$ 2 00. Postage, 14 cents. Philadelphia,
Boericke and Tafel, 1913.

It is a work for families and students. It is no doubt a good book for them. The earlier chapters are devoted to the principles and practice of the Homeopathic science

and art—as for instance what is Homeopathy. The Law of cure—How discovered ; Homeopathic Materia Medica how formed, single remedy and small doses and selection of remedy. These are the subjects which every Homeopathic beginner and student ought to know thoroughly.

In a small compass Dr. Adam has done credit to them in his book.

On the subject of Palliation and external application Dr. Adams has very little faith. "The abuse of the hypodermic syringe because of "speedy results," easily obtainable, has in these later days led not a few into methods of palliation rather than to making permanent cures, and into superficial study of our remedies which if carefully selected would in a great majority of cases accomplish the desired relief by a prompt and permanent cure. * * * Of course proper means of palliation that are safe and sane may be used in connection with the proper internal remedies. They are permissible and often beneficial. But in all doubtful cases it is always well to be on the safe side, exercising the most discriminating judgment in the use of external applications and always avoid the use of all harmful, dangerous experiments simply to gain "speedy relief."

Those half hearted Homeopaths will do well to remember the following remarks of Dr. Adams. "Rest assured it will pay to take time to make a careful selection of the curative remedy, for the relief thus obtained will not only be astonishingly prompt, but permanent." Bacteria and its relation to disease is a subject which engages the attention of the present day pathologists. This is useful in the prevention of disease only. Our author has written a few lines about it and said that some one will investigate them for the good of humanity. It is a good useful book for domestic purposes.

THE INDIAN HOMEOPATHIC REVIEW.

A monthly journal of Homeopathy and
collateral sciences.

The knowledge of disease, the knowledge of remedies and the
knowledge of their employment constitute medicine.

—HÄHNEMANN.

VOL XXII.] • OCTOBER. 15, 1913. [No. 10.

THE INTERNATIONAL HOMŒOPATHIC COUNCIL.

This council was the outcome, as many of our readers are aware, of the Quinquennial International Homeopathic Congress held in London in 1911. It was the idea of Dr. George Burford, the president of that Congress, and now we see that it has proved to be a real asset to our cause. The two meetings held at Zurich in 1912, and Ghent in 1913, have done much. The object and aim of the Council is to safeguard the interest of homœopathy all over the world and it is already doing much in that direction. Last year Homeopathy was in real danger in Russia and our Council did much to help our Russian colleagues. In view of the recent legislative measures that are likely to be enacted regarding medical practice in Bengal, it is well that we should associate with such a Council as this.

The following countries have chosen delegates to this Council:—

U.S. of America ...	15	India	...	2
Germany ...	8	Italy	...	2
England ...	5	Spain	...	2
France ...	5	Sweden	...	2
Switzerland ...	3	Mexico	...	2

Australia	...	2	New Zealand	...	1
Austria	...	2	Portugal	...	1
Belgium	...	2	Russia	...	1
Brazil	...	2	Tasmania	...	1
Canada	...	2	U. S. of Columbia		1
Denmark	...	2	Uruguay	...	1
Holland	...	2	Venezuela	...	1

At a meeting of the Calcutta Homœopathic Society held in 1912 Dis. J. N. Majumdar and D. N. Roy were elected delegates for India. If any of our Indian confreres desire to know anything regarding the Council they are requested to communicate with the above gentlemen who will furnish all the necessary information.

We have been requested to publish the following letter and we are glad to do so, as we consider it to be of great import to the advance of Homœopathy all over the world.

Dear Colleague,

You are requested to print, publish and distribute the following Statistics to the greatest possible extent. Our advance depends on securing and "pushing" such magnificent records which are superior to anything Allopathy has or can do. Always couple the name of the Colleague who has so kindly sent the Council any such records, it may encourage others in the good work, at the same time I beg of you to do your part and send us any Statistics you may find in your own town or that you can get out of any journal, to the end that we may further collect, for distribution, such evidences of the power of our medical art.

Statistics from the John C. Haynes Memorial (Contagious Disease) Hospital being a branch of the Massachusetts Homeopathic Hospital. Boston Mass.

SUMMARY.

Sent by the courtesy of Dr. J. Preston Sutherland. Dean
of the Boston University, School of Medicine.

October 1908 to January 1913. (4 years & 3 months)

	CASES. DIED. MORTALITY		
Scarlet Fever Uncomplicated	942	21	2. 23.
" " Total including all complications	1091	48	4. 4.
Diphtheria Uncomplicated	410	24	5. 85.
" total incldg. all Complications	433	32	7. 39.
Measles Uncomplicated	57	1	1. 75.
" total Including all Complications	64	5	7. 8.
Grand total including 8 admitted as " suspects " (Erysipelas, Meningitis etc.)	1616	88	5. 44.

Percentage of Failures before State Examining and Licensing Boards of all applicants for License to Practise Medicine in all States of the Union during the year 1912 (quoted by Dr. Sutherland from the Journal of the American Medical Association May 24th 1913) The smallest of failures being credited to the Boston University School of Medicine (which is Homeopathic) than to any other Medical School in New England.

	Graduates of all years, 1908-1912	Graduates previous to 1907	Graduates of &
University of Maine	11. 1	C.	66. 7
" " of Vermont	7.	10. 2	25.
Dartmouth(New Hampshire)	11. 8	12. 5	0.
Yale (Connecticut)	6. 7	7. 1	0.
Harvard	11. 8	12. 3	8. 3
Tufts	10. 1	5	33. 3

Physicians & Surgeons.	28.	26. 9	50.
Boston University School			
of Medicine (Homeopathic)	3. 3	3. 8	0.

(Please quote Dr. J. Preston Sutherland's name as being kind enough to send the Council these particulars, as it is his due, he having taken the trouble to help our Council in its work in collecting data which is so useful to our School at large), and always give the fullest information as to the source derived from, so as to give the allopaths no chance to say it is false, and please give these figures all the publicity that you can command.

E. PETRIE HOYLE.

Hon. Sec. & Treasurer. I. H. C.

THE HOMŒOPATHIC TREATMENT OF EPILEPSY.

BY P. L. MACKENZIE, M. D., PORTLAND, OREGON.

In the third section of the "Organon," Hahnemann says : "When the physician clearly *perceives* the curative indication in each case of disease, when he is acquainted with the curative effects of medicines individually, when guided, by evident reasons, he knows how to make such an application of that which is curative in medicine to that which is diseased in the patient, both in regard to the choice of the substances, the precise dose to be administered, and the time of repeating it, so that a cure may necessarily follow, and finally, when he knows what are the obstacles to the cure, and can render the latter permanent by removing them, etc., etc."

The last clause of the section touches the subject of this paper very closely. In a case of epilepsy, what are the obstacles in the way of a cure. and how are we going to re-

move them? The former part of the section just as closely touches the question of remedy; the kind, quantity and time of its administration.

The first question suggests another: What is the cause of epilepsy? It is not my purpose to give you a learned discourse on the etiology of this malady. You can get thirty or more causative reasons for epilepsy in Oppenheim or Sprattling, but I doubt very much if they will serve you to any great extent in your endeavors to cure your epileptic patients. And yet it is quite necessary and proper that you should be conversant with all of them and to know as much as possible regarding the disease from every standpoint. I will, therefore, take the responsibility upon myself of adding one more to the list of causes and present it from a homœopathic viewpoint and try to prove my contention by the clinical cases I have to submit to your unbiased consideration. Here it is! Epilepsy is the outward manifestation of a deep-seated distunement of the life forces which control the nervous functions and apart from mechanical causes, to one of the three chronic miasms or their combinations, all the trouble may be attributed.

CASE I.—The first case I have to present to you is a very interesting one. I find, however, in looking up the records of treatment, which extended over a period of three years, that it would be very tedious to burden you with every detail of the treatment. I, therefore, content myself with a general outline, and trust it will serve every purpose.

Cora S., age 15, began having epileptic seizures at her 12th years, then every three or four weeks. Would have several fits, perhaps spread over several days. *Symptoms*: Head hot before and at the time of the spasms. Twitching or a quick, nervous shock through the body, causing her to raise her hands suddenly, precedes the fit. Depressed mentally. Felt

as if she had committed some great sin and the fits came on as punishment. Very persistent in having her demands satisfied quickly. Bowels at this time inclined to be constipated. Stomach : Appetite ravenous, especially for meat previous to the attacks. Vomits some time during attack. Menstrual : Has never menstruated, although she is large and well developed for her age. Has a sore feeling, however, in the hypogastrium, especially during time of attacks. Hands cold and clammy to feel. Must have doors and windows open. Cannot bear a close roof. Makes her sick. Was injured at birth by a bungling doctor, who left her slightly paralyzed in left hand and foot. Had mumps, measles and whooping cough, and all the other children's diseases. At the age of 11 the thyroid began to enlarge. Treated for a year,—strange to say,—by a homœopathic physician with local applications of Iodine, which cured the goitre. The cure being followed, almost immediately, by epilepsy. Has had a year of the Bromide treatment, with dilating of the cervix, and electricity in order to bring on the menses ; also 22 months of the viava, which is a process of massage and inunctions of a Cerate and the use of a vaginal suppository ; generally speaking, an all-round fake. Came under my care July 10th, 1896 and received rather hurriedly Sul. C. M., the only potency I had with me at the time. August 20th, had an attack consisting of one spasm instead of a series of them. December 21st, been on Sul. C. M., several times repeated for five months, and today I gave her a dose of Cal. C. 200 on the symptoms cold feet, clammy and damp, and thought it might influence the amenorrhœa. December 26. Father called to say that the patient menstruated on the night of the 24th without pain. Flow profuse, but natural. On the 25th, some pain in region right ovary with a tendency to spasms. Momentarily, however. December 27. Flow profuse, dark colored. Some

downward pressure. Patient very cross and irritable. Nux vom. R. 2C, one powder. December 28. Flow slight. Child feels bright and happy. January, February and March. Menstruated all right with the exception of a great deal of mental disturbance. Says the spasms will come on again. Mental depression. Soreness in the region of the uterus and for which she received a dose occasionally of what we considered the indicated remedy, always in a high potency and not repeated. One feature I might mention as being really connected with the cure of the case, I mentioned the lightning-like shocks which preceded an attack. They generally became troublesome a week before the menses appeared and continued for a few days after. For this she received *Cimicifuga* 200, which always promptly relieved.

Those of us who look to an objective cause, merely, would naturally come to the conclusion, at this point, that the cause of this epilepsy was due to a failure on the part of nature to bring on the menses, and these, once established there would be no further trouble; but the subsequent history, which I am about to relate, disproves that idea, or, at least, modifies it to a considerable extent.

April 13, 1897. Patient has had another attack. Has had 16 spasms in the series, one more than she ever had previously. As this was the only time I witnessed an attack I wish to give the history of an attack itself, as it presented itself objectively.

Previous to attack, nervous, restless, irritable. Wants things done at once. Persistent in her demands. Says she feels muscles twitch and a nervous feeling in stomach. Head hot, feet and hands cold. Wants doors and windows open. During spasm, head turns to left, crosses her feet, fingers cramped but spread apart. Twitching at corners of mouth.

Jaws set, but mouth wide open, which closes with a snap when clonic stage sets in. Attack came on a week before time for menses to appear. Biliary vomiting during attack. Nux and Belladonna and finally a dose of Park, Davis & Co.'s extract of horse nettle perhaps helped to shorten the series of epileptic seizures. After the attack, in looking over the case, I could see nothing better than my former prescription and gave Sul. C. m. with Cim. 200, as before, when the nervous shocks began.

1889. I will skip a period of two and one-half years, in which time patient was free from these fits, but every menstrual period was looked forward to with anxiety on the part of the patient, her parents and the physician. There were a great many troubles of one kind and another, mostly mental, which were prescribed for with medicines which would not interfere with the action of the chronic remedy.

November 16, 1899. Goitre somewhat large. Feels collar uncomfortable. Prescription, Iod. 20 m. and c. m. cured in a few months.

I will close the clinical history of the case here by saying that not until the patient was free from the fits a year, did I ate of the goitre. When it began to re-appear, I felt that ictory would crown our efforts.

Was this not a case of psora, manifesting itself as an enlargement of the thyroid, and the supposed cure a suppression driving it in upon the nervous system, already aroused by the process of nature incident to the approaching menstrual period. Be that as it may, the case is before you, and each one can judge of the strength or weakness of my conclusions as seems best to him. Twelve years have now elapsed since the last attack reported in this paper. Three years ago, however, the young lady became very much run down through over-study at a boarding school. On her return home, a total

physician in Wisconsin, where they now reside, gave her electrical treatment, which acted badly and she had one spasm. The treatment was discontinued and I was asked to send her some medicine, since which there have been no more spasms.

This case has many interesting features and suggestions running through it. Many of the symptoms are such as you will find in the provings of Iodine, and it might occur to you as it did to me after I learned of the goitre and its suppression, that the whole trouble might be due to poisoning by this drug. Hahnemann, in the *Chronic Diseases*, records many symptoms from goitrous subjects as having been produced by the use of this drug. Clarke also, in his *Dictionary of Medicine*, says that "facial paralysis and epilepsy have followed suppression of goitre by large doses of Iodine."

Unfortunately, in reporting the two following cases, I will have to do it from memory, as I in some way misplaced the records, and will have to content myself with a general outline.

CASE 2. Fred. W., age 36, began to have epileptic attacks four years previously. Came into my care September 11, 03. The patient was large, inclined to be fleshy, tires easily, perspires easily and profusely on exertion, especially about the head. Inclined to be cold and chilly. Feet always cold and damp. Mentally depressed, afraid to be alone in the evening. Attacks worse in the full of the moon. Stomach,—appetite good,—too good. Bowels normal. Peculiar symptom. Just previous to an attack and, in fact, all the time, to some extent the patient complains of a soreness in the pit of the stomach. Aggravated by bending over forward; this, if persisted in, will bring on the spasm; better by straightening the spine, thus relieving the pressure.

Past history.—He says he was generally healthy. Had had a slight gonorrhœal attack some time before the epilepsy began, which was cured in the usual way by local methods.

Cal. c. 2c. was prescribed with a gradual lessening of the attacks. He would go two or three months without an attack and then come down. Once he went nearly six months. We were congratulating ourselves that the cure was complete, when the most terrific attack ensued, lasting for two days and nights, with a seizure every half hour in spite of all we could do. The seizures resembled very much puerperal convulsions. The temperature began to rise until it reached 105. We prescribed Bell., high and low. Neurosine, a preparation containing the Bromides, was recommended by my consultant and tried without avail. Finally Cicuta 30, a dose every 15 minutes, controlled the spasms, which were the last he has had. Five years have now elapsed and there has been no return.

NOTE.—During one of the attacks, he became uncovered, and I noticed a large, reddish wart on the glans penis. I gave him Thuja, and the wart disappeared in two weeks.

The family history, in this case, was good. Along with the homœopathic remedies, I used the vibrator a few days previous to the expected attack, and I think it soothed the patient considerably.

On a careful review of the case, I am convinced that the miasm sycosis figures in black type in this case.

CASE 3.—Mabel C., age 15, was placed in my care September 6, 1900. Has had epileptic spasms for nearly a year. The attacks generally came on in the night. Just before the first attack, she received a severe fright. She was walking on the ocean beach with some companions, and the incoming tide shut off the passage around a jutting point and it became necessary to climb up a high sand bank to escape. The sand

began to slide downward with the girl, which frightened her very much. That night she had a spasm. Before an attack came on, she would moan in her sleep as if frightened, and if awakened and given a drink of water, the attack would be warded off for that time.

This patient came to me from old school hands and had taken all the Bromide combinations without benefit ; in fact she grew gradually worse, the attacks coming closer together.

I took down all her symptoms carefully ; the fright, the sterterous breathing in the heavy sleep following the attack and prescribed Opium im and occasionally Ignatia 200 potency, to meet certain nervous conditions coming up from time to time, which were covered by this drug.

The cure in this case was complete in six months, as a period of over eight years has elapsed without any return. The cause of the trouble in this case was plainly fright. The girl was a very nervous subject and the shock was sufficient to disturb the harmonious play of the functions controlled by the vital force and dynamic influence of the remedies restored functional harmony,—the one thing necessary to a cure.

I had intended to give an equal number of cases of epilepsy which I did not cure, and the reason of failure, but the paper is already long and I close.

—*The Journal of the American Institute of Homœopathy.*

BENGAL FEVER.

Major Clemesha, Sanitary Commissioner for Bengal, in his last annual report (for 1912) clearly demonstrates that it is fever that claims the highest mortality in Bengal and that during the year under review the total number of deaths from

this cause was higher than the year previous—959,193 against 882,276 in all and 931,931 the average of the last five years 1907-11. Those who know the Province intimately will unhesitatingly say that more than cholera or plague, fever is the scourge of Bengal, being the most widely prevalent of all diseases and responsible, we are safe in saying, for 71 per cent of the total number of deaths from all causes. Last year the percentage was a little higher and Major Clemesha puts it at 72. The district returns place Makda, Dinajpur and Jalpaiguri among the worst affected parts of Bengal, Nadia, Rajshahi and Murshidabad coming next. Birbhum (literally the land of heroes), the sanitarium of Bengal in pre-railway days, occupies the seventh place, while Darjeeling (of course the district) is bracketed with Rangpur and Jessore with a mortality of over 25 per mille. And what will the Calcuttaman think if he is told that Calcutta and Howrah occupy the last two places in the list? As a matter of fact, they do, with a ratio of 3.16 and 10.91 respectively. Again, Major Clemesha does not explain the reason but states it as a fact that both in urban and rural circles the mortality from fever was higher in 1911, the rural circle taking, of course, the first place. One naturally inquires, in view of this state of affairs, if anti-malarial measures have not been successful. We are afraid Major Clemesha practically admits they have not been: In the North Barrackpore Municipality they were being carried on at Government expense from 1907 and were completed in 1911. In Dinajpur they were being tried from January 1909. In both places the measures consisted of clearing of tanks, cutting of jungles, free use of kerosine and liberal distribution of quinine. But these operations were discontinued in May 1912 as, to quote Major Clemesha, "no permanent advantage was gained in return for the money spent by Government." Next, what about the mosquitoes?

They, too, have been abandoned. The anti-mosquito campaign started in the civil station of Dacca in November 1911, was discontinued in May 1912 "as the measures did not prove successful." Thus we are left with quinine which has up to now maintained its ground.—*The Indian Daily News*.

CARCINOMA.

L. B. WELLS, M. D., Utica, N. Y.

It is not the design of the writer in this paper to discuss the etiology and characteristics of the different forms of cancer as developed in various tissues of the body, but to impress upon the minds of his colleagues the propriety, in all cases, of ascertaining the exact similitum, and prescribing with the expectation of at least relieving the patient's sufferings, even in its advanced stages, and in the earlier stages, of retarding its development or arresting it entirely.

Too often have our friends turned off these forbidding cases to the surgeon or to some specialist, under whose treatment with the knife or cautery a fatal result has been precipitated.

By a careful individualizing each case, with the selection of the appropriate remedy administered at sufficient intervals, we may be assured that we are doing that which is for the good of our patients.

An important question arises, can Scirrhus tumors be arrested in their growth, or entirely dispersed by the administration of the infinitesimal doses? It is time that scepticism on that matter should be silenced.

Physicians should exercise a marked degree of patience and perseverance in all such cases, and not fail to impress the same to his patients.

I will select from my case-books a few cases.

Mrs. L. W. P., aged 50, consulted me for a tumor on the inner side of the left cheek, about the size of a dime, of a bluish color, causing an elevation on the outer side. The pains were stinging and burning.

A few months afterwards another similar tumor was developed on the other cheek. In consultation afterwards with Dr. B. T. Jostiner it was decided that these were of a scirrhus nature.

At intervals of three or four weeks, in accordance with the symptoms, she had Silicea 200 and c. m., Arsenic 200 and Lycop. 200. After six years' persevering both the tumors with the concomitant symptoms entirely disappeared. Although in other respects an invalid, she lived to the age of 81 years.

Mr. L. P., aged 72 (1872), had a hard crusty tumor on the neck near the ear. Pain burning and stinging. He had at intervals Apis 30 and Lachesis 30 but no improvement resulted. Ars. 200 at long intervals, with occasional doses of Silicea 200, resulted in the removal of the tumor in two years. Two other similar developments on the face have also disappeared under the use of the same remedies. He is now 82 years of age in good health. This is a case of hereditary diathesis, for two of his brothers died of cancer of the face.

B. F. J. aged 69 years. In January, 1869, had a crusty tumor on the lower lip, attended with burning and stinging pains. When the pains were burning and stinging Ars 200 gave relief. This was repeated over in three or four weeks, and with an occasional dose of Silicea 200. In one year the whole disappeared, and he is now living and has had no return of the trouble. A surgeon had informed him that nothing but knife would relieve him.

J. B., aged 65 (1873) had a hard uneven tumor on the

inside of the lower lip of the size of a three cent nickel coin. Five years before had a similar one some location, apparently removed by caustics. The pains were stinging and the tumor had gradually increased during the past year. Silicea 200 once in two or three weeks resulted in its complete removal in two years and no return at this time.

Mammary Tumors.—Mrs: A. S. R., aged 42, Sept. 1877. Five months since discovered a tumor on her breast about the size of an ordinary peach, somewhat irregular in shape and hard, attended with burning, stinging pains. Carbo. an. and Apis 30 were given without perceptible effect, but increasing continually in size. She then had Ars. Iod. 30, three or four powders and S. L. one week, with direction to repeat the Ars. Iod. when there was a return of pains. In two years the tumor diminished to about one third of its size. If from any cause there is any pain or uneasiness in the breast, a few doses of the remedy will relieve. Was informed a few days since the lady is now in good health, and she thinks that all trouble in the breast is removed.

Mrs. W. G. C., aged 61, Oct. 6th 1879. From some three months has had frequent sharp, stinging and burning pains in her left breast, and on examination she discovered an oblong hard tumor of the size of a beetlenut. She had Ars. Iod. 30, repeating occasionally, until the pains ceased. On return of the pain the remedy was again given with complete relief. April 10th, 1882, examined the tumor which was about the size of a chestnut, soft and free from pain.

If space would warrant, I could give many others with similar results. I would earnestly persuade my colleagues to treat these cases with the same confidence they do other diseases and not to turn them to a surgeon who would resort to the knife or cautery.—*Transaction, Int. H. Association.*

DIET IN CHOLERA.

J. N. MAJUMDAR, M. D.

In the olden days or rather before the advent of homeopathy in this country, physicians in their anxiety to relieve the excessive prostration and the consequent weakness, were in the habit of giving broths, brandy, milk pure or diluted and other mucilagenous drinks. But this was generally attended with very disastrous results. Tympanitic conditions developed, for with the fully developed condition of the disease the alimentary canal was not capable of performing its digestive or assimilating functions at all and it would very frequently hasten death due to difficulty of breathing from excessive tympanitis. Then again during the beginning of our practice we found homeopathic physicians starving their patients till the urinary secretions were established and the patient was in a fair way towards recovery. For a time this did very well and we were very successful with our cases. We have often observed that many cases are the direct outcome of long fasting as Hindu ladies (particularly widows) very often get an attack of cholera after long fastings to which they frequently subject themselves on religious grounds. It has also been observed by eminent authorities that cholera generally breaks out among Mohamedans during their Romjan festival when they generally fast during the whole day and eat only after sunset. Dr. Rogers in his excellent work observes "as the acid secretion of the stomach during digestion affords powerful protection against the passage of the cholera bacilli into the intestines, it is not surprising that draughts of infected water taken during prolonged fastings may readily excite an attack of cholera." Now it is quite clear that people who get the disease after fasting cannot endure further fasting for any length of time. But at the same time we should remember that it is no use giving food if the digestive and

assimilating functions are not at work. I am also of opinion that the disease has changed its character somewhat during the last decade or so, for I remember very well that patients were starved for two or three days and were allowed barley water or arrowroot water after the urinary secretion was established. Nowadays however I make it a rule to give the patients some arrowroot or barley water as soon as I find that the stools have changed in color or rather that the digestive functions are at work. I think delay in giving the patient nourishment sometimes weakens him too much and brings about heart complications.

Barley water or arrowroot water, I find to be the best thing to give a cholera patient. Care should be taken in procuring good barley or arrowroot and it should be boiled well. The drink may be sweetened a little to suit the patient's liking. A drop or two of lemon juice added to the drink makes it rather agreeable at times. When the patient is in a fair way towards recovery, we allow him a little fish or vegetable broth made of Singi or Maghur fish, raw plantains, eggplants, and pulbal. I generally do not use potatoes. Meat or milk should never be allowed to a cholera patient even during convalescence. It should be remembered that there may be a relapse which is not at all desirable. As cholera is a disease that is undoubtedly contracted through the infection of the alimentary canal, no fresh or uncooked food of any kind should be taken by the patient or even by his attendants.

As a rule milk is to be avoided. However there are rare exceptions where it becomes necessary to give the patient a little milk. In cases that develop ulceration of the cornea or in cholera infantum where we find the patient to be suffering from malnutrition it becomes absolutely necessary to give the patient a little milk or some such nourishing diet.

It is all important that the milk should be absolutely pure. However in places like Calcutta it is at times absolutely impossible to get good milk. In such cases I find Horlick's malted milk to be a very good substitute.

Now for the various complications of cholera we find different substances that seem to have special beneficial effect. After the stools have changed their color, a little barley water generally soothes and strengthens the patient, and it has a very good effect on the urinary secretion. Particularly if there is a previous history of gonorrhoea and there appears to be much vesical tenesmus or ineffectual urging, then barley water taken in good quantities has a very good effect. In hiccough which so often complicates a case of cholera, different kinds of drinks are recommended and I am compelled to admit that some of them certainly have a very beneficial effect. Roasted rice soaked in water (মুড়ির জল) of which the water only is given to the patient sometimes has a very good effect. Coconut water or palm water (কচি ডাবের জল অথবা কচি ডাল সাঁসের জল) is sometimes given. Nowadays some people give whey or butter milk but I do not approve of them. After having said so much regarding the diet of cholera patient I find that I have not mentioned the most important element in the dietary of a cholera patient during the virulence of the malady. The cholera patient is generally very very thirsty and it is absolutely necessary that we should give him some water to drink. Now how is it to be given, that is the most important point. I have found many physicians refusing the patient any water at all for fear of inducing vomiting. They advise the patient to suck ice to allay the thirst. I don't agree with this view. I have always been against giving ice. It does not allay the thirst; the more you give the more he wants. Moreover I don't think it is a very nice thing to give to cholera patients, particularly in the collapse stage. It is wonderful

how large quantities of water are swallowed and retained by many patients. Even if the water is vomited, I would not refuse the patient water unless I found that it was prostrating him too much. Vomiting after drinking large quantities of water, sometimes has a very good effect. Water boiled and then cooled may be given to the patient freely. Calcutta ice is often very dirty and the less of it is given to the patient the better. Dr. Rogers recommends an ounce or two of water at a time with short intervals. He says it is surprising how much may be retained and absorbed *greatly to the benefit of the patient*. He further says ice may be given to suck and may allay the irritability of the stomach, so long as the rectal temperature is not subnormal. Nowadays a solution of permanganate of potassium is given in place of water by our friends of the other school and is said to have very beneficial effect. I have no experience with it.

Now to sum up the question of diet, I would administer nothing but water (as described above) freely during the acute stage of the disease. But as soon as reaction sets in, i. e. as soon as I find the stool changing color, I would advise the administration of barley or arrowroot water. Later a little fish soup may be given but not until the urinary secretion has been established. Soup or milk should not be given.

TREATMENT OF CHOLERA.

J. N. MAJUMDAR, M. D.

We have written so much about this dreadful malady and treated such large numbers of cases with success that it seems almost redundant to be recapitulating over this beaten track

once again. But the vacillating nature of our younger colleagues in times of danger compel me to write about this subject once again. I hear that of late, intravenous saline injections have been able to save some desperate cases of cholera and hence the tendency of these youngmen towards adopting that procedure of treatment. Of course it is a great discovery to our friends of the other school to find some sort of treatment that is capable of reducing the mortality under their methods of treatment which was so great in the days goneby. But the homeopath whose method of treatment is based on Scientific principles should never dream of adopting these procedures. The prognosis under proper homeopathic treatment has always been favourable and will continue to be so unless our younger men in the hours of danger desert their banner and leaving science which aims at precision and truth, jumps and adopts procedures that will lead them into chaos and confusion. I regret very much that we have not begun active work in the hospital otherwise I could have proved the superiority of our treatment by statistics. However our junior colleagues should do well to remember that the homeopathic physicians made their reputation in Calcutta by their admirable treatment in such maladies as cholera and the like. Drs. Behari Lall Bhaduri, Mohendra Lall Sircar and Leopold Salzer are names memorable in India for the successful treatment of such diseases. One of the colleagues with whom I had the honor of treating a case suggested the saline treatment to me while another surreptitiously went and called in an allopathic physician and had recourse to their treatment without my advice or knowledge. It is principally for the former that I write this. The latter need not be taken heed of as he is not likely to be respected by the homeopaths and will be ridiculed by the allopaths. I only echo the sentiments of our

seers and say why do some physicians, whose affiliations create a presumption in favour of homeopathic practice at their hands, cast consistency to the winds and start a medical debauchery as soon as they encounter a difficult case of disease. Remember what Prof. Allen so often said,—“The more difficult the case the closer should be your attention towards the selection of the similimum.” If we do this we shall find that our efforts will be crowned with success more often than by any other means. Of course we may fail in individual cases but then one swallow does not make a summer. If in every case of malarial fever we run for quinine, if in every case of syphilis we hasten to adopt allopathic procedures and administer mercury to the permanent injury of our patients and in every case of cholera that presents difficult features, we look for other measures, then it is time we gave up our creed. We need not be charmed with the cure of an individual case that is effected after much painful procedures. We have thousands of other cases to set off against it, where the simple, single remedy in attenuated doses brought about a safe, gentle and permanent cure. Many years ago I had occasion to observe while writing about Hellebore:—“In that grave complication of urimea Helleborus plays a very important part. Semitime ago a female child was saved from the very jaws of death by the administration of helleborus. When I saw the child, the stools and the vomiting had stopped, she was lying in a comatose condition; had passed no urine for three days, was rolling the head from side to side and was screaming out occasionally. Apis had fail to do any good. A few doses of Helleborus seemed to restore animation to a corpse. She passed a quantity of urine, the brain symptoms disappeared and she made a beautiful recovery. Such cases make our faith in homeopathic treatment so strong and unshakable.” It is not claimed that homeopathy will

cure every case of disease. Some cases are incurable, Homeopathy will cure every curable case. It has astonished observers by curing many terrible cases which have been considered incurable. It mitigates the sufferings and postpones the fatal termination in the worst cases. Even in such terrible maladies as cancer and tuberculosis it brings about a cure if the vitality is not too far gone and even in such cases it relieves the suffering to a remarkable degree.

To

The Editor,

Indian Homeopathic Review.

Sir,

Nowhere cases of cholera disappoint all the efforts of the physician so much as in uremia. Complete collapse may try the nerves of a physician, but fortunately it is amenable to treatment. But all authorities agree that when uremic stage has been reached, the case becomes invariably fatal, especially when it is attended with hurried respiration. In this case, even when urine is drawn off with a catheter, and some quantity is secreted still there is no relief. The patient sinks into dull apathetic stage, answering to questions slowly, coma vigil supervenes, takes nourishment very scantily even when fed and a stage comes when the vitality reaches its lowest ebb, and no human efforts can rouse it. Every candid physician agrees that the case is hopeless.

It is in these cases where vitality has been allowed to depart on account of impoverishing treatment, a treatment without diet, that patients get uremia. In the case of a child of

a leading physician in Calcutta, I suggested that unless some food is given, she will get uremia. But my friend advanced various theories, for the science abodes in thousands of theories and hypothesis. In spite of them, however uremic coma set in and carried away the patient. Here prevention is better than cure. We must prevent the advent of uremic coma. It is simply loss of vitality. Store up vitality, and husband the resources of the constitution and you will prevent uremia.

In the course of my long practice, I have seen that those cases which have got sufficient nourishment from the end of the collapse stage, uremia did not come. I could cite numerous instances, but space forbids. I therefore reserve them for future issues.

Hoping you will give insertion to my letter in your journal.

I remain,
Yours sincerely,
Pyarl Sankar Das Gupta L. M. S.
74-5 Amherst street, Calcutta.

HOMEOPATHY IN DISEASES OF WOMEN.

D. N. BANERJEE, M. D., L. M.

Mr. President and Gentlemen, I trust that the subject on which I am going to speak tonight will be of interest to you because even in general practice you are frequently called upon to treat these cases, before they assume such a serious aspect as to necessitate the help of an obstetrician. You all know that abortion means the death and separation of the ovum from the uterus and its expulsion from the uterus before the end of the third month of pregnancy. From the third to the seventh month of pregnancy the expulsion of the ovum is known as miscarriage and from that period to before full term it is known as premature labour. These are all arbitrary terms and their importance is mostly required in medical jurisprudence.

Before I take up the actual subject, I should like to give you in brief the physiological phenomena which take place in a case of pregnancy. When the fertilised ovum enters the uterus it becomes embedded in the endometrium, which is then termed the decidua. The superficial decidual cells then lose their cylindrical character and become flattened. Between these cells there is an increased stroma, composed of spindle and star shaped connective tissue cells. This layer is known as the compact layer and next to it is the spongy tissue formed by the hypertrophy of the uterine glands. It is through this glandular layer of the decidua in relation to the placenta, that the separation of that organ eventually takes place.

The parts of the decidua are variously named according to their relation with the ovum. The decidua that lines the cavity to the internal os is termed the decidua vera; that

which grows over the ovum is known as the decidua reflexa ; and that which lies between the ovum and the adjacent uterine wall is known as the decidua serotina. The layer of epithelial cells surrounding the ovum has a phagocytic character and is known as the trophoblast. This eats into the maternal decidua and capillaries and hollows out spaces from them, which are filled with blood and are known as the maternal sinuses. Into the buds of the trophoblastic cells pass the foetal blood vessels, which are only separated from the blood in the maternal sinuses, by two layers of cells, which are formed from the conversion of the trophoblastic cells. The outer of these layers is known as the syncitium, and the inner as Hanchans layer. •

Having performed the necessary excavation the trophoblastic cells form, a double layered coating to the foetal blood vessels and the foetal vascular product floating in the maternal blood sinuses is known as chorionic villi. Some of the villi float freely in the maternal blood, others are fixed at the tips to the uterine membrane forming the anchoring villi. The interchange through the thin coating of two layers of cells between the blood of the foetal vessels and the blood of the maternal sinuses provides for the nourishment, respiration and excretion of the foetus. •

The chorionic villi at first cover the whole ovum, but about the end of the 3rd month those that are in relation to the hypertrophied decidua serotina have with this decidual tissue formed the placenta, while those in relation with the decidua reflexa have withered.

Now I shall give you the varieties of abortion. When the dead ovum is expelled into the cervical canal and retained there by the closed external os, it is known as a cervical abortion ; when part of the ovum is expelled and part retained in the uterus, it is called an incomplete abortion when

the ovum dies and is expelled in its entirety through the external os it is a complete abortion; when some part of the ovum is detached, but as a whole it continues to live, the condition is known as threatened abortion.

The causes of abortion are very obscure, but we know that constitutional diseases are a very important factor in predisposing to abortion. Heart, liver and kidney disease, diseases of the uterus e. g, septic endometritis, displacements etc. gout and constipation. Poisons occasionally bring about abortions especially lead poisoning. I have not mentioned syphilis in the category of diseases, but do so here, for additional stress. Syphilis plays a very important part in the tendency to abortion by causing an unhealthy endometrium as also by its constitutional symptoms. Trauma very seldom causes abortion in a healthy woman unless the injury is both direct and violent. Lastly we have to keep in mind an important factor viz :—criminal abortion. We first suspect that a patient is going to have an abortion by the statement she makes viz :—that she is bleeding. This is the very first sign because the slightest separation of the ovum causes hemorrhage. With this contraction of the uterus set up and the patient complains of having irregularly intermittent pains. Of course we have here to determine whether the patient is really pregnant or not by examining for the early signs of pregnancy. We have here to differentiate between several things :—pregnancy, extrauterine pregnancy and vesicular mole.

In this connection I should like to say a few words about vesicular mole. This is a very curious, and according to the statistics of the Rotunda Hospital, rare occurrence. It is otherwise known as Hydatidiform mole. In this disease there is a cystic proliferation of the chorionic villi, consequently it must start before the formation of the placenta. I have

already told you when the impregnated ovum enters the uterus it is embedded in the endometrium and is surrounded by a layer of trophoblastic cells which burrow their way into the uterus and form the maternal sinuses. If however the decidua is unhealthy as in half starved and drunken women, or women affected by syphilis the trophoblastic cells of the chorionic villi are not properly nourished, and they become degenerate and cystic. Sometimes these cells bore their way through the substance of the uterus, and this is then known as the penetrating vesicular mole. Such infiltration of the surrounding tissues gives raise to a malignant condition peculiar to pregnancy and the result is known as Chorion epithelioma or deciduoma malignum. The rapid growth of the tumor is very significant of its existence and at the end of the 3rd month of pregnancy the uterus is as large as an uterus of six month's pregnancy. It is definitely proved by hemorrhage occurring and with it the appearance of these cysts which appear like white currents embedded in a red jelly. The treatment for this is the immediate emptying of the uterus with curettage and if after microscopically examining the expelled substance it is found to be malignant the removal of the entire uterus.

Now we come to the most important part viz. the treatment of abortion. Our homeopathic remedies have done a world of good in threatened abortion. Of course we treat the case symptomatically but I should like to say here that *Arnica* stands head and shoulders above all other remedies. By this I do not mean to disparage the indicated remedy but merely to say that it is the most often indicated. Besides the remedy we have to put the patient to bed and let her have absolute rest. The diet should consist of slops mainly milk and solid food should be stopped absolutely. If even under this treatment the bleeding should not

stop then we are at last obliged to resort to instrumental measures to empty the uterus. But here we have a fine point to discriminate and decide whether the ovum is really dead or not. To avoid unnecessary foetocide the best means is to adopt the expectant treatment i. e. have the patient in bed etc. and if she does not show constitutional symptoms to let matters go on for 6 weeks. By this means we are very often able to let the patient go on to full term and be delivered of a healthy child. If however the patient show constitutional symptoms we have to have to recourse to instruments and empty the uterus.

The treatment therefore resolves itself under the headings—medicinal and surgical. The medicinal treatment may be carried on until the patient does not show any constitutional symptoms and it is only applicable in cases of threatened abortion. In any other form it is inapplicable and therefore before the treatment of such a case is taken up it should be carefully determined whether it is a medical or a surgical case.

The surgical treatment also falls under two heads, viz :—before the os is sufficiently dilated to admit a finger and after the os is sufficiently large to admit two or more fingers into the uterus.

In the former case after having carefully cleansed the external parts first with scrubbing with soap and water and then, sterilizing with different antiseptic solutions the bladder should be emptied by catheterisation. Then the dilation of the os may be started on. Dilatation may be done in two ways—1st by the use of dilators and 2nd by plugging the vagina. In the first instance the whole operation may be finished at one sitting while in the latter we shall have to do the operation in two sittings—as the plugs have to be left in the vagina until sufficiently strong pains have set up in order to expel the ovum. Sometimes the

plugging in the vagina may have to be left at least 6 hours but we should never leave the plugging in for a longer period than 6 hours. In the instrumental dilatation we should use Hegar's dilators beginning with the smallest size that will go into the os and gradually increasing the size of the dilator until the os is big enough to admit at least one finger. We then use the Rheinstadter's blunt flushing curette in order to ensnare the pieces of ovum in the uterus. We should be particularly careful in using the curette as in this condition the uterus is very soft and the use of the slightest amount of force is liable to tear the uterine wall. After we are positive that no piece of the ovum or membrane is left we should give the patient an intrauterine douche with a Bozemann's return flow catheter. Here again we should be very careful because if the height of the douche can is very great, the water by its pressure may be pushed into the peritoneal cavity and cause a great deal of harm. The height at which the douche can should be placed ought not to be more than 3 ft. above the level of the bed. The whole operation, of course should be performed under a general anæsthetic as the process of dilatation is very painful.

When the os is big enough to admit two or more fingers into the uterus, we should introduce, the whole or half hand (i. e. the hand without the thumb) into the vagina. Then steadying the uterus with the other hand we should introduce two fingers into the uterus and catch the ovum with them and thus withdraw it. Here again we have to give an intrauterine douche of some mild antiseptic solution after the operation. This operation may be performed without any anæsthetic but it is preferable to administer an anæsthetic as otherwise the patient may resist by making the abdomen tense and thus cause a great deal of difficulty.

After this the case should be treated as an ordinary labour case so that involution may take place and the patient recover her normal state of health. I leave the discussion of remedies to you Gentlemen, and I am sure it will be very profitable for us to hear of them.

THE MEETING OF THE INTERNATIONAL HOMEOPATHIC COUNCIL IN GHENT.

AUGUST—10 to 12, 1913.

BY GEORGE BURFORD, M. B.

(Vice-President of the Council.)

The Ghent Council Meeting has come and gone ; debate on the vital economics of a World-Homeopathy has ceased , delegates are wending their homeward way almost from China to Peru. If *laborare est orare* the orisons of the representatives must have been numerous and various. Superfine critics of the feather-brained order had imagined two sessions as ample for deliberations. The Executive had set down four on its programme ; double that number would have been no superfluity. The human interest in things debated rose steadily : the tension of actual first-hand dealing with things that count mounted, till the end of proceedings came, more as unwelcome closure than as natural *finale*. For as the Conference certainly commenced in a minor key, with a dolorous note, the sheer force of deeds recounted by their doers, of Homeopathy as an inspiration, swept along the chords with might, holding, with increasing power, the later contributors to the Council debate. Most interesting was the episode when the distinguished sponsor for the minor key, confronted with a cloud of witnesses to strenuous but unpublished work, frankly abandoned

the plaintive note of a minority cause and declared his abiding faith in the future.

Beside the sustained high interest permeating the proceedings of Council, a striking feature was its representative character. The considered counsels of Great Britain were stated by Dr. Hawkes; Dr Edwin Neatby, Dr Granville Hey and the writer. The position of "Deutschland, Deutschland uber Alles" was well maintained by Dr Kranz-Busch, a man of letters as well as Master of Medicine; and Dr. Kirn of Pforzheim was a faithful ally. The Great Republic knew its mind and spoke it through the living and moving personality of Dr. Petrie Hoyle, whose endeavours to hustle and get a move on were the salt of the Congress, as it was the substance of the year's record. The oldest Republic gave its views through the courtly and urbane Dr. Mende, of Zurich, who, as President of the meeting, brought his polyglot accomplishments—and they were requisite—to the direction of the proceedings. The chief Republic of Europe had as its envoy Dr. Arnulphy whose proclaimed intention to interest the medical students of Paris in Homeopathy was long applauded by the Council. Brazil sent as delegate the most charming and accomplished of councillors, Dr. de Vasconcellos, whose high official position in his own country lent greater weight to his persuasive diction. But the orator of the assembly *par excellence*, was Dr. Rafael Barrantes, of Madrid, who came as accredited representative by the Government of his country. Dr. Barrantes spoke in Spanish, his interpreter being Dr. de Vasconcellos; and the intense personality of the former and the fervour of his address swept like a flame over the assembly. And looking on with approval was that master mind, Dr. Cahis, of Barcelona, who later gave so striking a demonstration before the Belgian Society. Holland sent to the Council Dr. Tuinzing, of Rotterdam, whose balanced views

and sound judgement were the antithesis of the fire and fervour of the Iberian delegates. Dr. Tuinzing, polyglot as he is, accomplished very neatly a speech in three languages, the French introduction being followed by a German elaboration, and this by an English peroration with no break in continuity. Denmark was represented by Dr. Thorsen, whose recent Red Cross experiences in the Balkans, and his honours at the hands of the King of Servia, lent him especial distinction. Dr. Axell, of whom more is to be said later on, and Dr. Grouleff, came from Scandinavia, both speaking English as though natives and to the manner born. And the prime mover in the Ghent Council, Dr. Samuel Van den Berghe, ubiquitous, cool, competent, for the multifarious requests showered on him in every occidental tongue—Dr. Van den Berghe deserves the collective thanks of all the homeopaths in Christendom for the perfect arrangements which allowed the wheels of their representative Council to move easily.

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collateral sciences

The knowledge of disease, the knowledge of remedies and the
knowledge of their employment constitute medicine.

—HAHNEMANN.

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EPITOME OF THE DEVELOPMENT OF HOMEOPATHY IN BRAZIL.

Communicated by Dr. E. A. NEATBY.

THE following article is based upon the important addresses delivered in French, by Dr. Vasconcellos of Rio, at the International Homeopathic Council in Ghent, August, 1913 —(ED. H.W.).

Brazil has a large number of devoted and convinced homeopaths. The knowledge of its truth was derived from great European apostles and from the Sinai of Germany. In Brazil Dr. Mure's name was one of the greatest, and Dr. Vasconcellos was pleased to link Brazil with world-wide Homeopathy by means of this Congress. Owing to want of knowledge on the part of the Executive of the Council, Dr. Vasconcellos was present as a private delegate. Had the council communicated directly to the Ministre d'Instruction Publique, Dr. Vasconcellos would be here as the official representative, not of a private Medical Society, but of the Brazilian Government. Next year suitable approach of the Minister will secure this.

As early as the year 1818 the power of Homeopathy was beginning to be felt in Brazil as shown by the opposition to its tenets and its upholders. This power was greatly added to by the arrival in the year 1840 of Dr. Mure and by the co-operation with him from the surgical side of Dr. S. Martinho. Dr. Mure was chiefly a physician and an authority on *Materia Medica*, and is known in England by his writings and translations.

He was a most interesting personality. A French merchant, he was cured at Lyons of lung trouble, and became so much interested thereby in Homeopathy, that he graduated in medicine at Montpellier, and earnestly worked for the spread of its teachings in France and subsequently in Brazil. In 1839 he assisted in the foundation in Paris of a Homeopathic Institute, dispensary and library. At the opening of this institution Hahnemann himself was present. Arrived in Brazil, Dr. Mure tried to convert allopathic doctors, and in new areas he appealed to the priests in the name of charity and of Christianity: he was himself a Swedenborgian. The profession of faith made by Mure's students in the School of Homeopathy on obtaining a certificate is a striking and impressive document signed "in the name of the Father, of the Son, and of the Holy Ghost."

The efforts of these early heroes in Homeopathy were successful in forming a professional society, called the Institute of Homeopathy, in the year 1843. Two years later there was established a School of Homeopathy, which, however was destined like its compeer in London to be but a temporary establishment. In 1846, however it was granting certificates, but these did not rank with the Government diploma, only obtainable through the allopathic colleges.

The applications of the homeopaths for the power to grant diplomas raised a storm of opposition, and a struggle

ensued in the ranks of the Academy of Medicine and outside resulting in the defeat of the homeopaths. The calm after the struggle was accepted by the homeopaths as a period for organizing their forces, and with undiminished ardour they spread a knowledge of the truths they were standing for, far and wide—upto Pernambuco and far into the South. In Bahia the missionary spirit was zealous and a journal was established. The School continued to teach, though its pupils received no official recognition. The struggle was not yet over, and a grave injustice was inflicted on the homeopathists and public, by the expulsion of Dr. Martinho and Dr. Mure on the ground that they had only foreign degrees. To such an extent can professional prejudice and ignorance, prompted only by jealousy of their opponents' success, carry otherwise honourable men.

Even after this blow a silent campaign of propagandism amongst allopathic medical men was steadily carried on.

Within the year 1855 came that fell disease Cholera to the City of Rio. Then and there the homeopaths met their opportunity and embraced it. The result was not different there in the new Western world from what it had been in Europe, in England at a slightly later epidemic, and in the great Eastern Empire of India, where it is more or less endemic. The mortality of the homeopaths was, as usual, about one half that of the orthodox practitioners. The result was the renaissance of Homeopathy. In 1859 took place the re-organization of the Institute of Homeopathy—a nucleus of the later developments of which Brazilian Homeopathy is so justly proud.

The rest of the story is quickly told. Soon after this, occurred another of those "tides" which, taken at the flood, lead on; again the hour and the man met. Dr. S. Merelles was not only a good homeopathic doctor, but he had been

also an engineer and a professor in the Naval College. At this time the Minister of War was taken ill, and his case rapidly developed until it was pronounced hopeless by the attending physician. So sure was he that the minister must die, that he readily resigned the case to the homeopath who was called in. The Minister of War recovered under the care of Dr. Merelles. There soon followed on this the official recognition of homeopathic pharmacy and a dispensary or department in the General Hospital was handed over to the homeopaths.

For teaching purposes some desired the establishment of a chair of Homeopathy in the medical faculty, ranking with other branches of medical science. Others preferred to wait until a more fully developed School could claim official recognition. Of this number was Dr. Vasconcellos. His view of the position was that while the appointed lecturer would be a good homeopath, there was no guarantee—the appointment being in the hands of the orthodox and prejudiced faculty—that subsequent occupants of the chair would be loyal to the great truths they should represent. So for the moment the wheels of the chariot drove heavily.

Dr. Licino de Cardova followed, and although not himself a politician and Government official, he had the ear of many who were.

In his day notable advances were made: Equal rights with the allopaths were demanded and were conceded. One reason of the ready granting of this request was that it had been shown that Veterinary Homeopathy in the Army had proved better in results and cheaper in cost than had allopathic treatment. The Brazil homeopaths have quite recently been recognised as a responsible educational Faculty, with power to grant degrees on equal terms with the allopaths. In some subjects, such as anatomy, physiology,

bacteriology and pathology, the teaching is carried out jointly. This obtains, we believe, in some of the United States Universities and is a reasonable economy of strength and resource.

As the State both recognised and subsidised allopathy, when it had recognised Homeopathy, it seemed to be fair that it should also subsidise Homeopathy. A sum of 50,000 francs was accordingly quite recently voted by the Government in support of Homeopathy. There is thus a prospect of a steady and intresing supply of qualified homeopathic physicians. At present there are over a hundred avowed homeopaths in Brazil, a third of these being in Rio. There are fifty homeopathic pharmacies; of these, twenty-five are in Rio. These get their remedies chiefly from German and united States manufacturing firms. In most good class houses is a domestic homeopathic medicine chest, and the mothers supply First Aid to their children and advocate it to their neighbours. All up the vally of the Amazon Homeopathy is spreading. There are in addition over eighty unattached homeopaths who have studied and sprerd abroad over Brazil (a country as large as Eugope), but they have disappeared as far as official knowledge of them is concerned.

In each of ten or twelve General Hospitals there is a homeopathic section. In the Army there are homeopathic doctors, officially recognised and eligible for military or State honours. In the Navy also they are beginning to be appointed. In the Empre and Republic of Brazil Homeopathy has progressed during the last sixty to seventy years with great rapidity, and has attained a recognised position which is paralleled only in North America. Indeed, its security seems even greater than that of Homeopathy in the States.

We offer our cordial congratulations and best wishes to our Brazilian colleagues. If the International Homeopathic Council does nothing further, it may account it a really good work to bring such facts as these to the knowledge of foreign *confreres* and to act as a link between so many workers all over the world.

"The Homeopathic World."

TWO SIMILAR SURGICAL CASES.

J. N. MAJUMDER M. D.

Behari—a faithful patient of mine had been to a malarious place and then contracted fever. He came back to Calcutta and placed himself under my treatment. While examining him I found that his back was very painful in two places particularly but he also complained of being sick all over. I began the treatment with *Rhus Tox 30*, which I gave him three times a day and which relieved him much. The fever disappeared and the pains were much better but the swellings in the back kept on increasing so much so that it was very soon apparent that two large abscesses were forming. As the inflammation increased the fever also became severe once again. I gave him *Mercurius*, *Heper sulph*, and *Silicea* etc. according to indications and waited to see what turn they would take. The abscesses were very deep-seated and as yet I could detect no fluctuation or any other symptoms of the formation of pus and was therefore compelled to put off the operation till the proper time, as I do not consider it expedient or proper to open an abscess till pus has formed in it. But Behari's relatives mistook my motives and thought I was afraid to operate, for I heard afterwards that he was taken to an allopathic physician to have the abscesses opened, as the homeopath was

reluctant to do so. I learnt also that Behari was very reluctant to change my treatment, for during the last fifteen or sixteen years he himself and all the members of his family took nothing but homeopathic treatment. About two weeks after I learnt that the abscesses were opened and a large quantity of blood came out. He lingered a few days after that, the wound was regularly washed and dressed and in spite of every endeavour poor Behari died an untimely death a short time after. I do not know but the indicated remedy with the opening of the abscesses in proper time might have saved a human life.

II. The wife of Babu R—A very pale and anæmic looking woman, a subject of malaria, for a long time came to me for the treatment of two such abscesses exactly like those of the previous patient. I treated the patient according to indications and was in hopes that the abscesses would be absorbed. The fever abated, the patient improved in general health but the abscesses became larger and larger and were painful. The husband of the patient became impatient and wanted me to operate at once and relieve her of her sufferings. I told him that the abscesses were very deep seated and that he must go to some other doctor if he wanted to have them opened in a hurry. He had great faith in my treatment having himself recovered from a similar malady the previous year. The patient remained under my treatment. I opened the abscesses in proper time and gave the indicated remedy and she was cured within a week after the operation.

ADOLESCENCE.

BY VINCENT GREEN, M.D. Edin.

Assistant Surgeon for Diseases of the Throat and Ear, London Homeopathic Hospital, President of the British Homeopathic Society.

IN choosing adolescence for the subject of my address I was attracted by the fact that although it is that period of life when the future man and woman are made or marred by external influence and environment, it is the one period both in health and disease that medical authors are most silent about. Pædiatrics leaves the child severely alone after 8 or 9, whilst works on general medicine deal with senescence, the menopausal period, too, has its abundant literature. But with the study of eugenics the importance of the adolescent period of life, both in health and disease, is being realized, and the gap in the literature of the subject is being rapidly filled up.

The adolescent stage of life extends from the commencement of puberty to 17 or a little later, when it merges into adult life. My aim is to make a brief survey of the subject as much from the educational as the purely medical point of view, and I may here express my great indebtedness to Hall's work on the subject in the preparation of these notes. The most characteristic feature of adolescence is growth. The most rapid growth in height takes place between 14 and 15, and the curve of increase in weight closely follows, though always a little behind. In this acceleration girls precede boys by a year or two. From 13 to 15 girls are taller and heavier, but after 15 they are passed in both respects by boys, who continue to increase up to the age of 20, whereas the girl comes practically to a standstill at 17.

The Inaugural Address of the President of the British Homeopathic Society for the Session 1913-14 delivered October 2, 1913

Height and weight are the truest expression of energy or momentum of growth, and are the best index of health, so long as symmetry and proportion are preserved. Lack of this latter by itself constitutes ill-health, and we find insurance companies discriminating against tall and slender people. It should be the aim of hygienic and body training to prevent tallness and slenderness, and to win back the correct proportions between breadth and height. Besides being affected by racial characteristics growth is very much influenced by environment, for although growth is held to be one of the most characteristic expressions of heredity the impulse causing it is exceedingly plastic to external influences. The child bred in the country, living in the plains, and in a warm climate, is most suitably circumstanced for stature. One observer found that children born in summer are taller on the average than those born in the winter. This corresponds with the dog fanciers' experience of winter litters. The rate of growth during adolescence varies. Here, as with most of the other phenomena of adolescence, periodicity and rhythm are the keynote. Investigators have shown that when the height is increasing most rapidly the thickness is increasing most slowly, and *vice versa*, so that weight and height may act as a leverage to the increase of one another; for example, bone lengthening tenses the muscles, thus stimulating them to grow and restore the equilibrium. As to whether the utmost possible growth is to be desired is a moot point. Dr. Porter, from an examination of a large number of children, came to the conclusion that larger children are intellectually superior to small ones; and it is a common experience to find a dominating personality in a big tenement. Every thing depends on keeping the balance between structure and function, body and mind, height and weight. The advance must be all along the line. The man

of genius with perverted morals, and the acromegalic are examples of a lost equilibrium which has resulted in the permanent detriment of the individual. There is a very close relationship between the physique and mental powers, so much so that within physiological limits training of the one will react favourably on the growth and development of the other. We must not rely on heredity alone. We want all our heredity entitles us to and a little extra for progress. It has been suggested that the pre-adolescent stage of growth represents what we have in common with the animals ; whilst the adolescent stage raises us above them and makes us more distinctly human. As contrasted with the effect of improving the physique, hard conditions, so often the lot of the lower classes, lead to early sexual maturity, whereas the comparative comfort and ease enjoyed by educated classes diminish the reproductive powers. This is not altogether to the interest of the nation, but it is quite futile to fulminate against it in both classes as pure selfishness, as so many are doing to-day.

Having considered some of the factors which affect growth in height and weight, reference may be made to the retardation of growth which is noticeable just before the sudden outburst of puberty in the teens. An interesting query would be why do girls precede boys in the period of greatest increase ? An answer might be found in natural selection at the dawn of man's evolution, when it was to the woman's interest for her to be sexually complete and physically developed before her mate. The characteristic pre-adolescent retardation of growth in both sexes possibly stands for a husbanding of resources by Nature for the big effort she makes a little later. During this retardation period there is great stability, mental and physical. The young child grows despite great hardships ; as contrasted with this

during the period of maximal growth in adolescence there is marked instability, mental and physical. As a consequence the individual is more easily affected by environment; if unfavourable, the forward progress toward maturity may be arrested, the liability to reversion, and to variation in growth destroying the normal rhythm, increased, and there is a predisposition to sickness which increases in the later stages of adolescence. The young adolescent at 17 to 18 is as limp and inept as a moth just burst from its chrysalis, and needs more than at any other time in life care and protection physically, intellectually and morally. Whereas boys of ten often lead, so far as their troublesome, interfering elders will allow them, independent lives, which with their lack of sentiment, love of fighting, truancy, &c., are very suggestive of their savage ancestry, the young adolescent is very susceptible to adult influence. New traits, powers, faculties have arisen, in some cases replacing the ancestral prepotencies. There is an insecure equilibrium and an incomplete co-ordination, and a lack of ability to adjust him or herself to environment.

Considering how little attention has been devoted to this problem in the past as compared with the present, how little it has been realized that during adolescence external influences have the greatest power in producing characteristics which become hereditary, we should be very optimistic as to the future. If the profession can be made to take up the question of education from the medical standpoint and stand up to the too often overzealous pedagogue, by careful moulding of the plastic adolescent through successive generations, the superman should be evolved; but for this, a great work has to be done by our profession, for there is a risk to-day of the hands of the clock being put back by the educationalists.

Apart from general growth, if we study the growth of the individual organs we find that they do not grow in equal proportion. Some

such as the liver, follow the body as a whole ; others, as the muscles, grow more rapidly in proportion, whilst a third group, of which the eye is a good example, hardly move at the time the reproductive organs and muscles are growing most rapidly, their so-called nascent period. These nascent periods also exist in the psychological sphere, and to determine these periods will undoubtedly add to the armoury of the eugenist, as it is then that the factor, somatic or psychic, is most susceptible to external influence, good or bad. Already in the physical sphere values have been attached to certain characteristics, for example, relatively long bodied women are said to make the best mothers and relatively long arms are considered a sign of decadence.

The growth of the bones during adolescence is markedly oscillatory and periodic. In general it proceeds from the larger to the smaller bones. Bearing in mind the great biogenic law that the individual recapitulates the growth stages of his race, and remembering that the later stages in great part represent acquired traits transmitted by heredity, we can understand congenital deformities and insufficiencies mostly affecting the smaller bones, such as those of the feet, fingers and toes.

Over development of the muscles, alike as insufficient development, will warp the bones, whilst ill-adjusted school seats, too high pillows and tight corsets often give rise to curvatures.

Some cases of coccygodynia are probably due to the young adolescent sitting too low down on the back. One of the most serious deformities is where the chest has not properly developed, for here the individual is permanently placed on an altogether lower plane of vitality. Bearing out St. Hilaire's law that growth in size and in function are inversely to each other, so that when either is progressing rapidly the other tends to be stationary, there is no doubt excessive brain work adversely affects bone growth, and symmetry generally.

A relation exists between the bones and sexual organs. This is well instanced in osteomalacia which is associated with ovarian defect. With reference to acromegaly it has been suggested that the

normal growth of puberty is acromegalic, and that this disease is due to a recrudescence in late adolescence of the same process.

During adolescence the growth of the heart keeps pace with the growth of the body—the most important fact to be grasped is that whereas before puberty relatively the heart is small and the blood-vessels large, in the adolescent we find exactly the converse, the heart large and the vessels relatively small. This involves, as might be expected, a marked increase in blood-pressure. This increment of blood-pressure is closely associated with the increased metabolism, growth rate, mental and physical activity which are so vital to the adolescent. May not the social revolution going on in our midst to-day which we know as feminism be indirectly due to the open-air athleticism and freedom of dress of the modern girl, whereby she receives her proper increment of blood-pressure so vital to her complete development? This sudden and vast change in the relation between heart and blood-vessels is responsible for the frequent occurrence of symptoms pointing to the circulatory disturbances—palpitation, sudden faints, præcordial pains and sensations, cold hands and feet, all showing a difficulty in adjustment and equilibrium in the circulatory sphere by the organism. With this knowledge it is often possible to reassure the friends, and save the girl or boy being sent back to school certificated “not to play games.”

The lungs and chest closely follow the curve of weight increment the greatest increase is at 15 in girls and 16 in boys. The full development of lungs and chest is of paramount importance. The ratio of lung capacity to weight is used as an index of vital capacity, and training consists largely in taking off weight and increasing lung capacity. Although an adult woman exhales little more than half the carbonic acid that a man does, owing to her smaller muscular development, the frequency of respiration is the same in both; the difference lies in respiratory capacity. Most textbooks speak of the change from the abdominal type of breathing in childhood to the costal in girls during adolescence as being a normal pubertal change. This view has been successfully challenged as a result of investiga-

tions upon savages and peasant women. The change is probably an artificial one brought about by corseting. I do not think woman will attain to their fullest development, somatic and psychic, until their type of breathing is the same as in man. An abundant supply of air is needed by the young adolescent, and Hall, in his book on Fears, describes a complete psychosis due to lack of air, such symptoms as dread of close or narrow places, of the ceiling falling in, dreams of being buried alive, choked, &c.

The brain stands by itself in that it has nearly done growing by the sixth year, and after 12 to 14 the increase is infinitesimal; the skull, however, continues to grow until 20. We can deduce from this that six is the best age to measure the cranial content, and, secondly, that the size of the cranium is no index to size of brain in adult, though its shape may be. We know very little of the structural changes which go on in the brain during adolescence. Several authors, however, have described the development of tangential fibres connecting the different parts of the cortex together, and which go on developing until past 50. The brain may be likened to a lump of sealing-wax almost fluid at birth, just the right degree of softness for taking permanent impressions during adolescence, and then gradually becoming harder until the business man of 60 finds it safer and easier to make the impression with a fountain pen in his pocket book, especially if the hardening process has been helped forward by alcohol.

During adolescence the growth and activity of the secretory glands play a very important, though but as yet little understood, role in both motor and psychic spheres. The intimate relations of the thyroid gland, not only with nutrition but with the sexual functions, has been recognized from earliest times, owing to the fact that it enlarges at the first menstruation. With some savage tribes to-day, nubility and even virginity are still judged by the size of the neck. One would like to know the significance of the enlarged thyroid at adolescence, and why it is chiefly seen among the well-to-do classes. The thymus gland, like the suprarenals, is atrophying during the

active period of the organism's growth. Bearing on the physiology of this gland is a case published last year in America by Dr. Kerley, where administration of thymus extract to a boy of 16 weighing 5st, and 4 in. under 5 ft. in height, resulted in a gain of 19 lb. and 3 in. during eighteen months, with a corresponding development of the sexual organs.

In scanning the growth of adolescence note might be made of the fact that symmetry of the two halves of the body which is present in the child disappears during adolescence owing to a specialization of both form and function. A child is relatively ambidextrous, sleeps on its back, stands in repose with both legs straight, but on reaching adolescence now finds it difficult to make symmetrical movements with both hands sleeps on one side, lops and lolls, and the two halves of the body differ in size and strength. On the other hand, physical abnormalities such as squat noses, thickened gums and habit peculiarities usually disappear during adolescence. From this brief survey of growth during adolescence we see that there is a great change in the relation of parts, which vary in size more or less independently of one another, and are freer from the control of the whole ; so that for a time co-ordination is lessened, and equilibrium is disturbed. Now there is a danger of ill proportioned development often bringing ill-balanced nerve centres in its train at this period of remarkable plasticity which makes the influence of environment very marked. The important fact to remember is that during this period traits are acquired which become transmissible by heredity. Herein lies the future of our race.

A word may be said on the growth of motor power and functions. The muscles are the vehicles for our thoughts, nay more. for we speak of muscular virtues such as skill, endurance and perseverance, and conversely restlessness, lack of control, and caprice as muscular faults. Muscles are also the organs of the will. All that man has done in the world has been done by them. In a sense they are the organs of digestion, and there is a close relation between the sexual and motor vigour which burst forth at puberty. Owing to the proximity

of the motor centres in the cortex to psychic areas, muscle culture connotes brain building, psychic as well as somatic. The importance of motor education is now being recognised, but those who are inclined to err in the direction of placing it first should remember Flechsig's claim, that, contrary to the view that all parts of the cortex were connected with the lower centres of sense, two-thirds of the grey matter is quite independent. Before puberty scientific motor education is not needed. In the child fidgetiness, restlessness, excitement, and other motor superfluities indicate an abundance of of raw material—abundance and vigour of movement absolutely untrammelled are needed. The powers must be unfolded before the ability to control them can be developed. The order of development of motor power during adolescence is an interesting one. Statistical data show that leg power develops first, then biceps and back, and then the forearm. The order of augmentation of these fundamental or basal powers is possibly atavistic, representing the *Wanderlust* of the young adolescent, conflict, and sexual selection.

From fundamental we come to accessory motor power, represented by smaller muscles, whose functions represent a higher standpoint of evolution and are associated with psychic activity. Nature and instinct chiefly determine the basal powers, walking, running, swimming, &c. ; education does the same for the accessory. The difficulty is to preserve the balance. It having been realized that accuracy and exactness of movement can only rise to their highest attainment by motor education, we often find kindergarten and school prematurely laying an altogether disproportionate strain on small accessory muscles ; as a result the equilibrium in function between small and large muscles is upset and choreic symptoms often follow. Similarly, excessive indulgence in heavy athletics to the exclusion of delicate responsive work in late adolescence coarsens the motor reactions, and leads to clumsy inexactness.

Adolescence is the golden age for muscular development, and although modern life and civilization act as a handicap, a new enthusiasm for physical development has arisen, and the motor areas

are being put to school again ; it is needed, for the modern industrial system tends more and more to handicap the adolescent, especially the girl, by substituting monotonous one muscle occupations requiring exactness for natural healthy industries ; the result being diseases of the accessory systems. The treatment in such cases should be to lay emphasis upon the basal movements ; to throw the activities down the scale, and so restore the psycho-physical balance. Healthy natural industries are less and less open to the young, industrial education is too subservient to the tool, the pupil is discouraged from taking up many processes, and the standard of efficiency is capacity to earn. It is a mistake to confine so many of the subjects taught in technical schools to only those in a particular trade. Of all schools for motor education the farm is the best, owing to the variety of occupations involved, the healthful conditions, and consequent reinforcement of the vital powers. The greatest work that Napoleon I accomplished for France was breaking the law of primogeniture and so giving access to the land. I am glad to see that the great day of its accomplishment in this country is near at hand. We hope so at least. A year or two at such a farm school would be the salvation of many boys and girls, of every stratum in society, who to-day go under from faulty education of their motor powers and functions in the golden age. At present the only such institution existing in this country is reserved for criminals. Manual training during adolescence lessens the interval between thinking and doing, gives control, ability to appreciate honest work and a sense of capacity. It is a fine training for higher technology, pure science and intellectual pursuits, and yet it is computed that hardly 2 per cent. of our adolescents are to-day receiving this training.

I cannot say much on the subject of gymnastics, that is,

exercises for purely physical culture with no other ulterior end. I believe they should be discouraged before the nascent period, that is during childhood, for, given the opportunity, the interest and the zest, the momentum of heredity will do all that is required. Unfortunately parents too often begrudge the opportunity and adopt "keep off the grass" tactics with their children. The ideal gymnastics should be inspired, enthusiasm of humanity, patriotism as we see in Germany, religion, for just as the Greek games were in honour of the gods, so the body should be trained to better glorify our Maker and chastity and temperance given a fillip. The military ideal has a great inspiring power, and a paper could be written on the advantages of the boy scout movement for the pre-adult and the territorial for the late adult and last but not least athletic contests as we see at the modern Olympiad. The ideal gymnastics for the adolescent should not only reach every muscular group and co-ordination but develop new motor variations, as well as rescuing latent and decaying ones. Other ideals spoken of by authorities on the subject are economy of movements and posture, and increase of volitional control, whilst symmetry and proportion should always be aimed at. To kindle a sense of physical beauty in the young adolescent will lead up to the vision of ideal beauty of soul.

GAMES AND SPORTS.

Games and sports are instinct with heredity. They develop fundamental motor capacities which can be transformed later into acquired activities. This makes them the ideal exercise before puberty. Their great value during adolescence lies in the fact that they give a healthy outlet to the erethism of youth. Play, unlike gymnastics, has heart or soul as well as head. Games give courage, confidence and resolve. In dancing we have one of the most liberal forms of motor education in youth. Rhythm is characteristic of adolescent growth,

mental and physical. The craving for rhythmic movement is very deeply seated. From time immemorial the national characteristics have expressed themselves by the dance. Unfortunately, the dance has degenerated, until to-day we see in the modern ballroom only the decadent relic of the vast repertory of rhythmic movements, which not only revealed the national traits, but were the expression of the highest mental attributes. But there are signs of a revival, and I was interested to receive within the last few weeks particulars of a new school of dancing where the greatest emphasis is placed on the rhythm, the so-called Dalcroze eurhythmics.

Right dancing gives nervous poise and control, and it is a fine training school for the awkward, clumsy adolescent. In the motor education of the adolescent next in value to dancing, perhaps comes personal conflict, viz., wrestling, boxing and fencing, and one of the problems of the education of the adolescent is the right guidance and direction of this natural instinct. Sparta sedulously cultivated it, and Hughes and Arnold, greatest of school-masters, appreciated its value. By developing self-control boxing especially is the surest of cures for bad temper; it makes against weakening of will and loss of honour, both signs of degenerations, and is a fine school for quickness of eye and hand, and force of will and decision. The marvellous rise to power of modern Japan is rightly ascribed in part to Bushido, which designates the Japanese conception of honour in behaviour and in fighting. It is the highest expression of chivalry the world knows to-day. Although most educationalists recognize the value of personal conflict in the development of the adolescent boy, a nice problem arises in deciding to what, if any, extent this form of education should be recognized amongst girls. Non-resistance under all provocation is craven and cowardly, and destructive of a high sense of honour in a girl as in a boy, and I think in

fencing we have a most valuable form of motor education for girls. Apart from its value in developing poise and grace, as well as quickness and dexterity, it is surrounded by a halo of romanticism which appeals to the sensitive imagination of a girl, and it has a code of honour which exercises the highest mental qualities. In contrast to the solitariness and aloofness of childhood, it is very interesting to watch the spirit of co-operation and organization develop in adolescence. It is a characteristic of English games and should be fostered, for it helps to develop a spirit of devotion and service.

For the growth of motor power and function in unstripped muscle nothing equals cold bathing. A cold dip contracts the surface vessels, driving the blood into heart, lungs and kidneys, thereby stimulating their growth. This is followed by the mad rush back to the surface which constitutes a fine form of gymnastics ; and the powers of resistance against cold are exercised and strengthened. Swimming as an exercise is of great value, in that it calls into play unique muscle groups and combinations. Nothing reduces plethora of sex organs more, and for this reason the scantier the attire the better. The field of play is practically unlimited, but although games are of the utmost importance for the development of physical and moral qualities during adolescence, more so perhaps than gymnastics, their scientific study by Congresses for example, is hopelessly neglected.

SEXUAL DEVELOPMENT.

Sexual Development.—The literal meaning of the word puberty is to become hairy. It occurs girls at 13, and in boys a year later, with whom the beard starts at 18 to 19. Non-development of the beard is suggestive of degeneracy, it being noticed in 13 per cent. of criminals against 1 per cent. of normal individuals. The chief physical fact of male puberty is the appearance of the seminal fluid. In the

adolescent this is probably re-absorbed by the network of lymphatics surrounding the vesiculæ seminales, and exerts a vast influence on the growth of the organism. This power of re-absorption is weakened by repeated emissions, hence the importance of avoiding reflex stimulation of the spinal centre concerned by irritation and uncleanness, apart from the danger of focusing the attention on the sexual organs. The changes in the female organs of generation at puberty are very complex, and their development is very variable in both structure and function, being easily arrested in their later stages by error in food and regimen, also unhealthy occupation or bad environment ; perhaps this is most observed in the case of the mammary glands, they responding acutely to psychic and physical conditions, inability to nurse that is so frequently met with being often the result of an acquired hereditary degeneration. A word must be said on the subject of onanism. Apart from the effect upon the individual, which varies enormously, the seriousness of the vice lies in the effect upon the next generation, incomplete maturity of mind and body so often showing itself. It is one of the easiest and most spontaneous of vices, and in very young children is said to be more frequent among girls than boys. Comforters, and sucking thumbs and fingers in late infancy are said to predispose. It is most common in the early years of puberty. Precocious mental development, the tuberculous diathesis with its premature ripeness and activity of the reproductive process strongly predispose. Skin diseases that cause itching, constipation, irritating urine, laziness, which are in many cases the expression of wrong dieting, also predispose. If only mothers would realize the danger of feeding up, of forcing children to eat beyond their appetites, even the plainest food ! It should not be forgotten that the young adolescent is extremely sensitive in all matters relating to sex, but is also

hungering for vital knowledge, counsel and sound advice. Being the period of utter plasticity for prevention as well as cure it is the golden opportunity. Early rising, cold baths, washing without wiping, filling up every moment with interests and tasks that are active and absorbing, are all helpful in curing the habit and right instruction in sexual hygiene is very important. There is a strong and natural instinct to know the laws of life and reproduction, so that instruction in such matters is imperative and should be betimes. The study of flowers, which most children love, and their fertilization is a good introduction to what should be the most inspiring of all topics to teach son by father, and daughter by mother.

The variations in time of the first onset of menstruation have been studied by many investigators. In general we may say that the influence of environment is more potent than that of heredity. It has been noted that the bigger girl is earlier, blondes precede brunettes, and the country girl is later than her city cousin. This last bears some relation to the fact that the strong girl is later than the weak one. Climate has not the influence generally ascribed to it, the precocity of the Indian girl being due in great part to too early knowledge and sexual excitement. Education also accelerates the onset. The first few as the last menstrual epochs have a marked influence on the nervous system. The girl is acutely sensitive, liable to headache, tearfulness and irritability. She changes from elation to depression, and *vice versa* very easily, all symptoms of acute and stormy psychoses.

The whole phenomenon makes a profound impression on the girl's mind and constitutes a strain upon her mental faculties ; and when it first appears as something unknown and unexpected, the danger to the psychic equilibrium, especially in morbid, nervous girls, is increased. Everything that jeopardizes the harmony and balance of the many factors involved

should give way. It is at this time as at no other the girl needs the fostering care of a good mother. Instead of shame she should be taught reverence for the function. In this respect the schoolmistress is often a great sinner, for instead of treating it as the Sabbath of the girl's physiological life she often adopts an attitude of disapproval, minimization, and would-be elimination. In savage life the necessity for seclusion, for rest and quiet is almost universally recognized. The tepee set apart by the North American Indian for menstruating girls, so constructed as to compel the inmate to sit or lie, suggests sound principles of health. Speaking of the schoolmistress suggests a few remarks on the education of the adolescent girl. It is too often a slipshod imitation of her brother's, the result aimed at being successful competition with him, and this notwithstanding that there are characteristic differences between the sexes, in every organized function. Her sympathetic nervous system relatively to the cerebrospinal is more highly developed. If not perverted, her psychic activities obey the laws of heredity. She works by intuition and feeling—the opposite sex more by logic and reasoning—her emotions having a much wider range. If, as too often happens, her education is directed to teaching her to guide and account for her actions by deliberation, she loses more than she gains. School should be a larger home, and the ideal civilization would exempt her from sex competition by consecrating her to higher responsibilities, for the carrying out of which I think she is right in demanding a place in the sun. Girls should be educated more in body than in mind. Girls are too much governed at school, they need more freedom than the boys, more outdoor recreation to develop to complete maturity their bodily vigour upon which the future of the race depends. I would hang a picture of that tepee in every head mistress' study. Most great men's mothers were women of strong

mind but not highly educated. Sir John Clouston reminds us that none of Shakespeare's heroines were learned: even Portia was an unlettered girl, unschooled, unpractised. Sir John Clouston has broken many a lance in the cause of female education. He holds that each generation can use up more than its share of energy—women have this power more than usual—thus robbing future generations. Clouston conceives the life of man as consisting of several stages, each of which should be lived in such a way as not to draw upon the reserves of the next stage. He suggests that in the same stage even, one organ is able to be over-developed at the expense of others. This is specially true of the adolescent period. Girls should do hardly any steady work for a year before and a year after puberty. Their work should be adjusted to the law of their nature. Work for one-fourth of their time, and one-fourth for the tepee, for in the course of the development of the mind the normal proportions are lost, to be regained on a new plane, and there is a danger of increasing an advantage that should only be held temporarily in the struggle for existence by some one quality of the manifold faculties and tendencies within us. The ideal of education in adolescence should be to develop capacities in as many directions as possible. Dr. Playfair, in a paper published in the *British Medical Journal*, emphasizing the sensitiveness of girls at this age, holds that the regimen during this critical menstrual epoch decides whether she shall have stamina and resisting power or collapse to invalidism at every strain. The theory that the sexual question is of secondary importance, that there is need for but little difference in the education of the two sexes, may in part account for 70 per cent. of school girls at 16 years ailing more or less, chiefly from anæmia and menstrual troubles. As I have already mentioned, in early adolescence girls need a great deal of outdoor

exercise, more so than boys. Squeamishness about food, habitual constipation, listlessness, clammy hands and such like should be combated by running, golf, tennis, net ball, skipping, dancing, fencing, and the like, not so much by physical exercises. All forms of corsets should be forbidden, or better, made impossible by the games indulged in.

The matter of education of women is outside the scope of my paper, but, as germane to the subject, I might mention that reliable data are available which conclusively show that the more scholastic the education of women the fewer children they have, the more severe parturitions, and the less their ability to suckle, which simply amounts to this : Nature has decided that the highly-educated woman is unfit and, accordingly, is eliminating her. The difficulty which faces the conscientious parent who is unable to leave his daughter provided for, is to give the girl a training which will fit her to be a wife and mother, and at the same time enable her to earn her own living. Certainly the feminist who would educate every girl with the view of making her a self-sufficient wage-earner, able to compete with her brother, is breeding temperamental neuters.

It is a difficult problem which, however, is not being lost sight of. Quite lately I read in the daily press an account of how the problem is being successfully solved by a large chocolate firm in the North (I refer to the Rowntrees).

To sum up, one may say that in the education of the girl health should come first ; food, sleep, exercise, and manners—by which is meant self-control and an unselfish regard for the feelings of others—are all important, and pervading all should be regularity. Periodicity is one of the basal laws of life. That being so, everything should give way to the monthly rest, physical and mental, until the menstrual function is thoroughly established, and at this time personal instruction on sexual matters should be given. A girl should be taught to regard the function in a spirit of reverence, as a foreshadowing of her greatest mission in life—true motherhood—not as a badge of inferiority to be concealed and ignored.

DISEASES OF ADOLESCENCE.

I now wish to briefly capitulate some of the symptoms of ill-health most commonly observed during adolescence. Adolescence, of all the periods of life, is the most prone to ailments, and is marked by a high percentage of ill-health. Most of this ill-health is due to disproportionate growth. A severe competition is going on within between organs and tissues, and if the balance is upset, ill-health is the result. It is not surprising that the balance is often upset. The relations between the factors, psychic and somatic, which constitute the organism are constantly changing, and this means a loosening of the bonds which unite them and consequent instability of the organism as a whole ; and this is specially true of girls.

Dr. Hertel, of Denmark, examined 17,000 girls and 11,000 boys in early adolescence, and found 29 per cent. of the boys and 41 per cent. of the girls sickly. Statistics from other European countries and the United States show practically the same ill-health incidence. Dr. Hertel held that the demon of education was the cause of the appalling national invalidism, and that the vigour of the future man was being squandered by the school. He insists that in both sexes from 13 to 15 there should be a great reduction in school hours. His tables show that of children that worked more than the normal time, 7 per cent. more were ill than of those who worked less than the normal time. Yet we have our London Education Committee proposing compulsory evening school for young adolescents, the majority of whom were already working ten and twelve hours a day. It is a sign of the times that it was a women's organization—the Women's Co-operative Guild, with its 30,000 members—which pointed out the folly of making such a demand on the energies of growing boys and girls.

Disorders of digestion are very common during adolescence. The appetite is often capricious and may be perverted. There is a considerable diversity of opinion on the subject of dietary amongst medical authorities. In forcing ideal diets on young people it is possible that too little account is taken of heredity, but it is as important as it is difficult to establish a well-balanced dietary, for the eating

habits of later life, good or bad, are now acquired. Perversions too often unnoticed, and unmet now, are responsible for failures in after life. In the motor sphere irregular growth is characteristic of adolescence. Godin holds that of any particular organ or tissue, if prolonged more than three months, such irregular growth becomes pathological ; for example, if the cartilages of the larynx grow and widen before the cords lengthen, the pitch of the voice is raised. Normally the cords catch up in a few months ; if their growth is retarded, the pitch of the voice remains permanently high. Similarly, in the limbs and trunk, if the muscular remains in advance of the bony growth lax abdominal walls and articulations result. Scoliosis is often the result of disproportionate bone increase.

We have seen how the heart doubles in size but becomes small in comparison to its vessels. As might be expected, circulatory disturbances are very common. Langour, sudden faints, palpitation, feeble and irregular pulse and dyspnoea are frequently complained of, and are often associated with varying degrees of cardiac dilatation. The symptoms are usually aggravated by the slightest constriction of the trunk by clothes. Until the circulatory equilibrium is firmly established, it would be wise to restrict boys under 17 in school sports from racing more than 440 yards.

The relation of sleep and dreams to adolescence is an interesting one. Sleep often becomes perturbed and dreams more vivid at the outset of puberty. Some observers hold that dreams have an important influence on the moods and dispositions of waking consciousness at this age and that they are the outcome of the subconscious self asserting itself. Irregularities are often very marked. Periods of prolonged sleepiness alternate with periods of disinclination to go to bed and marked wakefulness. This should be borne in mind by pedagogic parents. The average time given to sleep should be ten hours between 11 and 14, and nine hours between 14 and 17. The nervous system and mind are very liable to disturbances during adolescence. An emotional strain is normally present which makes morbid impulses difficult to repress. A common trait of this period is a craving for something objective to attach to ; this may lead to

the idealization of unfit persons or the creation of imaginary ones, if not carefully controlled and guided.

Heredity is an important factor in the causation of pubertal insanity, especially among girls, but the disorder is undoubtedly precipitated by bodily ill-health, often the result either of overwork with the brain or bad nutrition. Dr. Maudsley has offered a very lucid explanation of the occurrence of adolescent insanity. He suggests that reason is an apparatus of restraint imposed upon intense and brutal impulses atavistic in origin. This curb is broken ; the bonds with which a later civilization has bound the many wild factors of our nature are ruptured. The high social reflexes are lost ; diffidence and reserve give way to self-will and aimless turbulence. Owing to the power of the organism to regain its equilibrium at this time of life under suitable treatment the prognosis is usually good. The greatest proclivity to epilepsy occurs during adolescence, the sexes being equally affected. The prospect of cure is poor, especially where there is an hereditary taint. A childish form of hysteria is sometimes seen, it usually occurs between 7 and 14, and the worst cases are seen among the poorly educated ; it is usually associated with unhealthy environment. There is a close inter-relation between the cerebro-spinal and sympathetic nervous systems at this age. Owing to the difficulty in maintaining the balance between normal excitation and repression of sexual function the normal tension in this sphere is often lost. Psychic lesions here readily become physical and *vice versa* : anxiety becomes cramp, mental strain acute neuralgia, and moral disquietude nausea. Such metamorphoses account for many symptoms besides hysteria ; sudden strong impressions, amounting to psychic injuries at this unstable period, especially in women and in the sexual sphere, may entail complex, long-lasting results. Hence the need of shelter from shocks and of wise mentors and advisers on sex matters. There are many other forms of morbid instability that there is no time to refer to.

Closely allied to the diseases we have the faults and vices of adolescence. It is a sad but startling fact that adolescence is pre-eminently the criminal age, and what makes it even more serious is the

undoubted fact that juvenile delinquency is on the increase. That adolescence is the criminal age is due not only to the greater instability of the factors which go to form our ego, but owing to unsuitable environment and faulty upbringing the oldest atavistic factors which are on the lowest plane remain dominant instead of giving way to newer and higher groups of qualities. Another factor in the increase of crime may also be connected with the increase of urban and decrease of rural population. The young adolescent has a difficulty in adjusting himself to the complex social surroundings of the town. An instinct inherited from his earliest progenitors makes him resist the institution of property, and on passing out from the home he comes in collision with a severer code of conduct before he is hardly aware of its existence. Normal children pass through stages of laziness, lying, vanity, absence of moral sense, &c., during which time it is only lack of strength and insight which prevents them being a danger to the community, so that to magnify the soul, to encourage psychic precocity before these animal instincts are reduced to due proportion and control by conscience and reason, is to invite disaster; for crime in juveniles is only fault writ large. The lesion is usually one of sentiment, not of intelligence, for the young criminal is often bright, lively, and intelligent.

Inattention is said to be one of the most dangerous of faults. It places the child at the mercy of its environment with all its changes, and is one requiring the greatest patience in remedying. Then untruthfulness. Hall, who is an authority on juvenile faults and crimes, says in the treatment of such the beginning of wisdom lies in discriminating between good and bad lies. The lies of fancy have been described as the birth pangs of the imagination, whilst the worst lies of all are those prompted by selfishness. In girls especially, the lie prompted by the passion for acting a part, attracting attention, &c., should be regarded with grave apprehension.

Truancy and vagabondage are suggestive of hereditary prepotencies. Truancy is commonest at puberty, which was the age of majority in the primitive man, and the truant's usual objective being the water, may be related to the fact that the safest way to travel in

those early days was by water, owing to the country being thickly wooded and abounding in carnivora. Revenge is another very deeply-seated instinct and is reinforced by the sense of indignation which is very marked in the adolescent. Envy and jealousy, which are responsible for half the crimes of juvenility, develop very early in adolescence. It would seem that if the psychic traits all developed in the same proportion from puberty on, most adolescents would finish as criminals. This disaster is only averted by the appearance of acquired hereditary factors, which control and dominate the lower feral prepotencies. It should be the aim and duty of each succeeding generation to add to the armoury of the first named hereditary factors.

The subject of immorality I can only mention to leave. It is a vast and complex one which has yet to be adequately dealt with. From our knowledge of primitive man, we may say that it is not so basal as other psychic phenomena, but was acquired later, and, therefore, the weakening of the prepotencies which lead to immorality should be the less difficult to the guide and teacher. The sense of shame, or instinct we call modesty, is one of the most effective barriers against this vice; also in less degree self-respect and power of foresight. Anything that upsets the poise, regularity, and rhythm of the organism tends to this colossal evil. This is suggestive of faulty social conditions.

The treatment of juvenile crimes and faults is one of the burning questions of the day. Control and correction, not punishment for vengeance, is essential in dealing with the adolescent, and isolation if degenerate. The trend of thought to-day is that juvenile crime can only be cured by bettering the individual and his or her social conditions, and very little, if at all, by criminal codes, however skilfully drawn. Fortunately, the State is gradually assuming the right to exercise the parental functions where there is a danger of faulty environment and education; and the physical and moral education of the child is becoming less the private right of the parents, but rather their first and highest ethical duty.

A year or two since, towards the end of a fascinating presidential

address that was being delivered by a distinguished predecessor, I heard some one whisper, "I wonder how he is going to drag in homœopathy." I also would like to adorn my tale. One aim of my paper has been to capitulate and emphasize some of the characteristic or guiding symptoms of adolescence. The other stages of life have their characteristic symptoms, so much so indeed that certain drugs have become associated with those periods in life, such as calcaria in infancy, lachesis with the menopause, and carbo. veg. with old age. The same holds good for adolescence.

Pulsatilla has a considerable place in the treatment of disorders of female adolescence. We all know the emotional pulsatilla patient, with her ever-changing symptoms, irregular sleep, indigestion from eating rubbish, anæmia, and scanty, long-drawn-out periods. But regarding adolescence apart from sex, pulsatilla has not quite the deep elemental characteristics of this epoch, and also the drug is suggestive of the whole of the reproductive stage of a woman's life, not adolescence in particular. There is a drug, however, which has very suggestive symptoms. I refer to manganese. Manganum with its salts is, I think, specially related to adolescence apart from sex. It has many of the deep basal symptoms which are not so conspicuous as with pulsatilla. It is recognized by the orthodox school as playing an important catalytic part in tissue building, and in this relation there is a copious literature but entirely continental. It is recommended for the chlorosis of adolescence by writers on orthodox therapeutics.

I am indebted to Clarke's "Materia Medica" for most of the following symptoms. The manganese patient is self-centred and reflective, liable to despondency, ill-humour and weeping; has periods of anxiety and fear. Most of these symptoms, which have been verified clinically amongst patients taking the manganese waters at Crausac, are very suggestive of the mentality of early adolescence. The patient

has headaches, sleep is irregular and accompanied by vivid and anxious dreams. Every part of the body feels sore, there are bone pains in lower extremities, going from ankle to ankle, from one shin or heel to the other ; these symptoms are very characteristic of manganum, and closely resemble the familiar growing pains, the result of the outburst of muscular growth, which are commonest in the lower extremities, owing to growth being most rapid there. Chlorosis and anæmia are more marked with this drug than with pulsatilla. The manganum patient has too scanty or profuse periods. The explanation of this apparent contradiction is that the drug restores the balance. This is the keynote of the drug's action in adolescence. Palpitation is another prominent symptom that was verified at Crausac. The pulsatilla patient is better in the open air, but the manganum patient may want to go out or come in (which I interpret as meaning whichever will help in restoring the equilibrium). Altogether manganum would seem likely to be of great value in the treatment of disorders of adolescence. The question of dilution and repetition I leave to more experienced hands. The great emphasis laid on rhythm, both in prescribing and as affecting the action of drugs in a recent paper by Drs. Tyler and Weir, is based on a sound physiological principle specially characteristic of adolescence. Having tried, however feebly, to adorn my tale, I will leave it to others to point the moral with this postscript. It is during the stage of adolescence that the future of the individual and the race is settled. It is then that entirely new qualities of mind and body are acquired which become hereditary. The organism is in a state of plasticity, so that environment is most powerful in bringing mind and body to the fullest and highest development and completest maturity. Now are the foundations of social and religious life laid. The future success or failure in life depends on how the new powers now so suddenly given are husbanded, directed and cared for.

—*The British Homeopathic Journal*

THE INDIAN HOMEOPATHIC REVIEW.

A monthly journal of Homeopathy and
collateral sciences.

The knowledge of disease, the knowledge of remedies and the
knowledge of their employment constitute medicine.

—HAHNEMANN.

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A CASE OF ABSCESS REQUIRING THE KNIFE.

In the middle of November, 1913, I was urgently called by my friend and colleague Dr. J. Kanjilal to a case of abscess in the abdomen of a young man. Before he called me he had called two other well known homeopathic physicians of this city. One of them thought the case to be a tubercular abscess and prescribed Tuberculinum high and the other came to the same conclusion and gave some constitutional remedies without much benefit.

I was called when the patient exhibited the following symptoms :—Fever of a continued type with morning remission and evening aggravation. The abscess was of a big size, great accumulation of pus, fluctuation detected over an area of the whole left side of the abdomen. He had itching eruptions all over the body, giving him no rest or sleep at night. Pain of a throbbing and burning nature over the affected part. Bowels constipated, the appetite was good; but the patient could not relish his food. After examining all the conditions of the patient and the tough and tense anatomical relation of the parts, I advised my friend to resort to the

knife at once ; unfortunately he was not ready at the time. As a preliminary I gave a dose of Silicea 200 and told the doctor to operate without delay. The operation was performed in the afternoon. My friend said as soon as an incision was made, a big quantity of fetid pus sprouted out from the abscess.

The patient got much relief at night and by the repetition of a few doses of Silicea 200 and a dose of Sulph. 200, he made a perfect recovery in a short time.

My friend is an eminent surgeon among the allopathic doctors of this city and he has a great reputation as a successful operator. He expressed his surprise that such an abscess was cured in so short a time and he has got a firm belief in the efficacy of Silicea in such a rapid recovery.

Here I wish to make a remark and our homeopathic colleagues should bear this in mind. When any physical and anatomical barrier comes in our way for the bursting out of an abscess, it is our bounden duty to resort to the knife. In this case there was no alternative left except the one pursued and if we were not prompt in our decision and subsequent action, grave symptoms and complications might have arisen and jeopardized the precious life of our patient. Pent up pus in the cavity of the abscess was responsible for the constitutional symptoms present in our patient and not tuberculosis or any other things at the bottom of it as supposed by so many physicians.

P.

NEGLECTED REMEDIES.

Sabadilla.—It is as useful a remedy as *Veratrum album* to which it is likely to be related in mental symptoms. The patient is always troubled with imaginary disease. The patient

imagines that she is pregnant when she has only flatus in the abdomen.

Like Baptisia it has the symptom that the limbs are scattered about.

Like Thuja she thinks that she is made of glass, is in constant fear that she will be broken when touched.

We have considerable experience with it in cases of intermittent fever, especially of malarious origin. Copious perspiration ; it simply drops down from forehead and other parts.

In influenza and hey fever it is of much value. Difficulty in swallowing in sore throat beginning in the left side and extending to the right.

Cicuta vir.—It is useful in many ailments. It is not usually employed as it should be. In nervous affections of various kinds its sphere of usefulness is very important. In infantile convulsion either from worms or from any other source it is very effective. Also in epileptic convulsions from injuries or of idiopathic origin. In puerperal convulsions it is of great help. Tetanus is also a convulsive disease and here *Cicuta* helps us much.

Iodium is very less frequently used and it has been neglected by our colleagues in homeopathic practice. It has been frequently abused by the allopathic doctors, so we get less chance of using it. In various chest affections, cough, cramp, diphtheria, pneumonia and phthisis, it has a wide range of action. In cases of phthisis pulmonum we have used it very often and with marked results. Fever is at once abated and troublesome cough mitigated.

In glandular swelling it is important. Either from cold or scrofulosis or as sequelæ of any other disease, *Iodium* helps much. In marasmus the child eats well but gets emaciated. Here it resembles much our old friend *Natrum mur.*

In ovarian dropsy *Iodium* often helps when *Colocynth*,

Apis and some other remedies fail. It should be continued for some days before you get any effect. But in all these cases you must be always guided by strict indications of the remedy.

MATERIA MEDICA.

Materia Medica as inculcated by Samuel Hahnemann is the life and soul of the homeopathic therapeutic science. Without the help of **Materia Medica** nothing can be done in saving our patients. **Materia Medica** teaches us how to select our medicine for the cure of patients suffering from various ailments. As homeopaths it is our bounden duty to master the science of **Materia Medica** in its entire extent.

We have got an excellent article on **Materia Medica** from the pen of that admirable writer and profound thinker, Dr. Adolph Lippe, which we will do well to transcribe here in full for the benefit of our numerous readers and for students of our homeopathic schools and colleges in this country.

THE MATERIA MEDICA

BY DR. ADOLPH LIPPE.

The special branches of the **Materia Medica** are—**Pharmacognosis**, the knowledge of the natural history and physical property of drugs ;

Pharmacology, the knowledge of the collection, preparation and preservation of medicines ;

Pharmacodynamics, the knowledge of examining the virtues and effects of medicines ; to which we particularly add—

Pathognomony, the science and art of discerning the characteristics of groups of symptoms.

We will not, at present, treat at length of the history of

Materia Medica from Hippocrates and Dioscorides down to the present day ; we can learn but little by looking back at the continuous changes, giving evidence that uncertainty prevailed, that darkness was followed by darkness ; we shall leave the perusal of these former changeable and irrelevant attempts at a **Materia Medica** to those who find it amusing to dwell on the dark pages of antiquity.

The homeopathic **Materia Medica** contains within itself its primary facts of fundamental principles, its laws of development and practical application—the reason of its own existence.

Hahnemann found, while translating Cullin's **Materia Medica**—then one of the standard works—that *China officinalis* (Peruvian bark) was claimed to be a specific for intermittent fever. He knew that Peruvian bark did cure some cases of intermittent fever, but not others ; he also knew that it caused the patient who was subjected to repeated doses of this medicine only to suffer other pangs, which he had not had before the treatment, without curing the original disease ; he had noticed the symptoms of cases in which Peruvian bark had cured intermittent fever. He then first reflected on the mode which would bring light into this darkness of uncertainties, and resolved to solve the plain question, "What determines a *Cinchona* fever ?

He then, himself, took a few drops of the pure alcoholic tincture of Peruvian bark while in a perfect state of health, and, behold, he experienced symptoms very similar to those he had had a year previous, when suffering from intermittent fever, commonly called ague. These symptoms he noted down, and on comparing them with such cases as he had cured before by *Cinchona*, discovered a similarity.

The *Cinchona* proving was the first Hahnemann made.

on himself, and the results of this proving led him to draw deductions at which he would never have arrived without this experiment. He did not experience, nor did Cinchona cause intermittent fever, but it caused only symptoms resembling this form of disease, and from this observation he drew the only possible and correct conclusion:—that if medicines, when taken in a state of health, are able to create symptoms similar to a form of disease which they were known also to cure at times, these symptoms so produced on the well, and the results of a voluntary proving, will in future indicate the condition under which this medicine might be administered for the cure of the disease presenting the same symptoms, with a certainty never known before.

Here Hahnemann obtained the knowledge of the dynamic actions of the various medicines, by which he was able to establish the only law of cure, and this accumulated knowledge enabled him to give to the world a reliable and truthful *Materia Medica*. This knowledge was obtained by collecting the symptoms which had occurred from involuntary provings, poisonings, and by voluntary proving—at first, proving the crude drugs in comparatively small doses on the healthy, and by further collecting the symptoms cured, so verifying the first provings. He further collected the new symptoms which appeared, which were not present before administering a medicine, as also the symptoms which disappeared simultaneously under the curative action of medicine and not known to have been produced by it while proving it on the healthy. Of this latter class but few were incorporated into the *Materia Medica*, and only after repeated experiments had verified their reliability.

During the progressive provings it was discovered that some substances—as *Carbo vegetabilis*, *Natrum muriaticum*, *Lycopodium* and *Silicea*—developed but few, if any, symptoms

when proved in the crude form. It was known of *Carbo vegetabilis* that this substance, when administered for its known chemical power in destroying putrid odours—as, for instance, when applied to old putrid ulcers or putrid breath—the relief in both cases was instantaneous, and also when taken internally in larger quantities it at once corrected the putrid odor of the dysenteric evacuations. The effect being only a chemical one the ulcers resumed the bad odor as soon as the application ceased ; the putrid odor returned to the breath when the mouth was no longer cleansed by the charcoal powder ; the dysenteric evacuations were only momentarily^d deprived of the offensive smell. It was, therefore, no cure. Charcoal in this form could only act chemically, and when taken internally, in the shape of crude powder, in large quantities, it cannot, and^e does not produce any alteration in the sensations ; it has no cbrative nor medicinal effect and produces no symptoms. But if Charcoal is triturated with a non-medicinal substance—as Sugar of Milk—and carried to the third or a higher potency, that potency will cause a change in the sensations, and the symptoms obtained by proving these potencies now guide us in the administration of this valuable remedy. The provings of Charcoal in a potency were followed by the proving of other medicines in potencies, and the symptoms so obtained were also incorporated into the *Materia Medica* by Hahnemann. More cures were made, more certainty was obtained of the correctness of all the provings, and all these observations were collected, and Hahnemann eventually gave us six volumes of his *Materia Medica Pura* and five volumes of his *Chronic Diseases*.

The first tendency of the uninitiated, who takes in hand our voluminous works on *Materia Medica*, is to perceive no difference between the recorded provings of the many medicines. He thinks when glancing over the pages of the *Materia Medica*,

that every medicine has caused some giddiness, some headache, some fever, some cough—all and every one of them. He remains unavoidably puzzled on the subject, until he begins to compare the records more closely and accurately.

He then sees clearly the differences that exist between the various medicines, and the manner in which they are similar and different.

He will first try to ascertain what kind of pain a remedy generally produces, and on what part of the body, on what organ or part of an organ it is most apt to act.

He will find under what conditions the changed sensations in the organism are produced, and these conditions he will subdivide : as to the time—at what time of the day, month or year, periodically and so forth ; under what change of position—at rest or in motion ; by what kind of food or drink, and by what mental emotions the condition is either aggravated or ameliorated ; lastly in what connection the various changes appear, and accompanying symptoms.

In this manner the progressive student will obtain the characteristic symptoms of each medicine ; he will find by so studying each medicine, that various medicines have in some respects great similarities, but in other respects they differ much—in various ways—from each other.

He then makes comparisons as to similarities and differences, and he so learns their relationships. By comparisons alone can we obtain a proper and lasting knowledge of each single medicine. We compare first single symptoms with similar symptoms of other medicines, and so we proceed, until later we compare medicines belonging to the same natural class, or family, or group of medicines which by their similarity of action form a relationship with other similar classes or groups of medicines.

When I say that I will give you the characteristic

symptoms of each medicine, the first question arises, what is characteristic ?

Characteristics consist of such symptoms, altered sensations, and effects of medicines on the human organism, by which we discern one medicine from all other medicines.

While this may be ascertained by comparisons made between the various medicines, the proof of the correctness of this discernment is obtained by the experiment ; that is to say, that when in the most varied diseases the presence of one or more of these characteristic symptoms leads to the choice of a remedy, a cure follows ; and that in similar diseases without the presence of these characteristic symptoms no cure follows the application of the same remedy.

For the sake of facilitating the finding and remembering the characteristic symptoms we divide them systematically into four different kinds, each of which may, in a given case, characterize the medicine.

We have first *the kind of pain or altered sensation* : as, for instance,

The soreness or sensation as from a bruise, under Arnica—which has few other kinds of altered sensations ;

The burning-stinging pain under Apis ;

Many medicines have burning pain, as Arsenic, Carbo veg., Phos. ;

Many others have stinging, pricking pains, but few have burning-stinging so characteristic as Apis, and there are only Bell. and Ignatia which have in that respect a similarity to Apis.

The sensation as if the parts were made of wood, under Natrum.

We have, secondly, *locality* ; as—

Under Lachesis, the left ovary ;

Under Apis the right ovary ;

Under *Clematis erecta* the right testicle ;

Under *Rhododendron* the left testicle ;

We have the sides of the body, and find, collectively,

The left side more affected by the electro-negative remedies, while—

The electro-positive medicines affect the right side more.

Again, we have the direction in which the pains and altered sensations attack the organism. We know, for instance, that—

When the rheumatic pains first attack the feet and extend upwards it is characteristic of *Ledum* ;

If similar pains begin on the upper part of the body and extend downwards, it is characteristic of *Rhododendron*.

In angina we know that if the left side of the throat is first attacked, and the inflammation or ulceration extends to the right side it is characteristic of *Lachesis* ;

If the affection begins on the right side and later extends to the left side, it is characteristic of *Lycopodium*.

Thirdly, we have the *conditions*, which form by far the most important characteristic symptoms.

The time of day when the diseased condition is aggravated or ameliorated is first to be considered. Some medicines are known to possess this condition in an eminent degree ; as, for instance—

Nux vom. and Sulphuric acid in the morning,

Natrum mur. at 10 A. M.,

Argent. at noon,

Lycopod. at 4 P. M.,

Puls. at sunset.

Phosph. before midnight,

Ars. after midnight,

Kali carb at 3 A. M. etc.

The position of the body :

Rest or motion,
 Standing or sitting, and
 Rising from a seat, are very important conditions.

We find an aggravation from rest under Rhus, and aggravation by motion under Bryonia, although these two medicines are very similar in other respects.

Standing aggravates Sulphur;

Sitting aggravates Lycopodium and ameliorates Colchicum;

Rising from a seat aggravates Rhus and Lycopodium but the condition is ameliorated *after* rising from a seat and after beginning to move, in the same two medicines.

Aggravation after sleep is under Lachesis, and Lachesis will never be indicated if the reverse is present;

Amelioration after sleep is under Phos.

Under the condition also belong the effects of the various articles of food and drink.

Aggravations from coffee, tobacco and spirituous drinks we find under Nux Vom.;

Bad effects—especially headache—from small quantities of wine, is under Zinc.;

Bad effects from continuous over-indulgence in beer is under Kali bichrom.;

Aggravations from lemonade under Selenium.;

Aggravation of the ill effects upon a diseased condition by oysters under Lycopodium.;

Bad results from pastry and port under Pulsatilla.;

Amelioration from eating fruit we find under Lachesis.;

Amelioration from drinking tea under Ferrum.

Fourthly and lastly, we have the *concomitant symptoms* which, although few, form strong characteristic indications.

For instance, toothache with a swollen face, we find under Chamomilla and Mercurius.;

While the swollen face under Chamomilla is red and hot,
That under Mercurius is hard and pale.

Toothache with paleness of the face we find under Pulsatilla.

Fever with thirstlessness under Pulsatilla and Sabadilla ;
Fever with unquenchable thirst, under Natrum-mur.

The knowledge of the characteristic symptoms of medicines is indispensable if we wish to be successful in the practice of Homeopathy, because it is one of our fundamental practical rules that *the characteristic symptoms of the only truly curative remedy must correspond to the characteristic symptoms of the patient.*

This, as one of the most important rules of our school, enters also largely into the study of the Materia Medica, and for this reason we must deprecate the arrangement of medicines according to groups of pathological conditions sought after and supposed to exist in groups of symptoms recorded in the provings. Before we seek the characteristic symptoms of the remedy, we must possess the characteristic symptoms of the patient, or what is falsely termed the disease.

The truly characteristic symptoms of the patient exist exclusively outside of the pathological group of symptoms of the discerned disease ; nay more : they are symptoms which never necessarily belong to the disease nor any form of it, but appear absolutely accidental.

The symptoms present and necessarily constituting and belonging to the disease, we may term essential symptoms ;

Characteristic, we term those symptoms which are found on the diseased individual besides the essential symptoms, either on account of his constitution or from other accidental and unaccountable causes.

If it is so, and if the experiment has established this rule to be correct, we would gain nothing by classifying the provings of our medicines in such a manner as to press them into

pathological livery. If, then, the extraordinary and apparently accidental—often seemingly trifling—symptoms of the patient, guide us in the selection of the sole truly curative remedy, and constitute the characteristic symptoms, no preconceived notion based on the pathological classification of remedies can be of the least assistance to us in our efforts to cure, and all such garbling attempts must be rejected.

The thorough knowledge of the Materia Medica, so essentially necessary for success in practice and in curing the sick, can only be obtained by diligent study, but we may in a large degree facilitate this study of proving medicines ourselves. During a proving we are compelled first—

To observe our own sensations, and our alterations of them, and

To arrange them according to some system, thereby cultivating our faculties of observation and of systematizing these observations.

Each symptom which we record as having occurred as the effect of a new medicine will necessarily call back to our memory a similar or opposite symptom known to us as belonging to some previously proved medicine.

By making these comparisons our memory receives the new symptoms of the new medicine as having a relationship to other medicines.

By provings we learn how necessary it is to observe what are generally termed trifles, for even by these apparently small differences do we know one medicine from another, or discern one symptom of one medicine from a similar symptom of another medicine, and these accurate observations of what were formerly considered and termed insignificant and unimportant symptoms constitute the great difference between a skilful—and therefore a successful—physician and a routine practitioner.

As illustrating this proposition, we will take a patient who complains of Diarrhœa. The allopathist is satisfied that the disease is diarrhœa ; that it should be checked, and at his first prescription he orders his usual panacea—Opium, in some form or other. We seek to know more than the meagre knowledge that the patient has a diarrhœa. We examine him as Hahnemann has taught us, and as it behooves every true homeopathician.

We elicit at our first question as to when his diarrhœa began, that he was first attacked in the morning, or had for some days always been worse in the morning. We know one condition, that of time, and know that Bryonia, Sulphur, Podophyllum and Thuja, besides other medicines, pre-eminently produce and cure morning-diarrhœa.

We know that Bryonia has morning diarrhœa, which takes place as soon as the person has risen from the bed and begins to move about.

We know that the Podophyllum evacuations are generally green ;

That the diarrhœa characteristic of Sulphur drives the patient out of bed—the call is imperative. [And let me here remark that we owe this knowledge, verified by many cures, to one single symptom of one prover. This symptom is on record in Hahnemann's Chronic Diseases, and we find it observed by Frederick Hahnemann, the son, under No. 868, where it reads : "The stool is discharged suddenly and almost involuntarily ; he cannot rise from his bed sufficiently fast." So much for one single, well observed and recorded symptom.]

The Thuja morning-diarrhœa comes on after breakfast. [This symptom, although it is not often met with, we owe to Dr. Wolf, who gives it in high potency proving of Thuja, under No 483, thus : "Diarrhœa every day after

breakfast."] This observation has also been verified by experience.

We now continue the examination of the patient, and he tells us that he had to rise quickly, and then had a painless, watery, yellow diarrhoea, which continued during the forenoon and was better in the afternoon. We need not choose long, but administer at once one dose of Sulphur, for not only the time and condition are characteristics of the remedy, but also the quality of the discharges, and if we continue our examination of the patient we will undoubtedly obtain further symptoms, all indicating Sulphur.

It is not only advisable, but absolutely necessary, that the provings of medicines should be made by ourselves on ourselves. The observations on others—although indispensable to a perfect knowledge of the effects of medicines which we seek to obtain—may leave us continually in the fear of not exactly expressing in a proper manner what has been felt; we must, therefore, continually remain in doubt—or at least partly so—as to whether the proving is a deception or not. This obstacle to a knowledge of the truth—which cannot be entirely obviated when in search of the morbid symptoms excited on another person by the action of the remedy—does not exist when the trial is made on our own person. The individual who undergoes the experiment knows precisely what he feels, and every fresh attempt that he makes is an additional motive for him to extend his researches still further by directing them towards other remedies. He thereby acquires a true knowledge of the resources of the art which can be considerably increased.

The proving of medicines, first on yourselves, then on others, will further give you such an insight into the *Materia Medica* as you could not obtain in any other manner. With every new step you take, you will learn to appreciate, and

admire the great works of the masters who have presented you with complete, well arranged provings. By following their example you will become masters yourselves, not only in the art of proving, but in obtaining a mastery over the master-provings, which you desire to become enabled to apply, for practical purposes.—MEDICAL ADVANCE OCT. 12.

—*The Homeopathician.*

VARIEITIES.

NEW LIGHT ON THE PROBLEM OF PARASYPHILIS—Of the many fertile discussions which marked the proceedings of the recent International Congress of Medicine one of the most instructive was that held at the last meeting of the Section of Neuropathology, on the nature of the condition known as parasyphilis. For years the medical profession has been taught, and has believed that tabes dorsalis, general paralysis of the insane, primary optic-atrophy—to mention only a few conditions—were diseases to be rigidly separate from cerebrospinal syphilis, inasmuch as though they were almost certainly of syphilitic origin, they were uninfluenced by anti-syphilitic treatment, they ran a progressively degenerating course, and in many instances they developed at an extremely long interval after the primary infection. In fact, parasyphilis has always been regarded in a general sense as a morbid condition not exactly syphilitic, but post-syphilitic. With the discovery of the spirochæta pallida, however, the situation has been changing, and at the present time views are changing with great rapidity. The mere fact that the Wassermann reaction is positive in 95 per cent. or more of general paralytics is of itself a sufficient reason for regarding so-called “parasyphilis” with suspicion, all analogies suggest that where such a reaction is positive the actual toxic agent cannot be absent or in abeyance. The fact suggests, in short, that general paralytics are actively syphilitic. At the beginning of this year Noguchi described the occurrence of the spirochæta pallida in the brains of some twelve cases of

general paralysis out of some seventy examined. Noguchi and Moore also found the organism in the cortex of other cases. In March, Marinesco and Minea confirmed the observations. In May, Marie, Levaditi, and Bankowski also discovered the spirochæta in the cortex and subcortical tissues of three cases of the disease. Both Levaditi's silver method and the Chinese ink method of Burri were utilized for the purpose. At the meeting of the Psychiatry Section of the Congress at Claybury Dr. F. W. Mott exhibited specimens of the spirochæta in smears from the cortex of general paralysis treated with Indian ink. In one of the cases recorded by Marie, Levaditi, and Bankowski the spirochætæ in the frontal cortex were still actually mobile. Such facts obviously are of paramount importance. They are calculated to revolutionise the accepted opinions on the nature of parasyphilis. At the meeting above referred to Dr. Nonne, of Hamburg, an acknowledged authority on the whole subject, mentioned quite recent experiments in which guinea-pigs had been rendered syphilitic by means of the serum of general paralytics, the spirochæta being recovered in their testicular tissue. At the same eventful meeting of the section Dr. Swift, of the Rockefeller Institute Hospital, said he had just received a further communication from Noguchi to the effect that he had successfully inoculated rabbits with the cerebral substance of general paralytics and had recovered the spirochæta in their tissues. In view of such experimental and pathological data it is little wonder that at the meeting more than one authority expressed the view, which not a few neurologists now are inclined to favour, that so-called Parasyphilis is really parenchymatous syphilis—*i. e.*, syphilis of the nerve elements themselves—whereas so-called cerebrospinal syphilis is syphilis of the supporting or interstitial structures. If the spirochæta is found with any regularity and certainty in the brain of general paralytics, why do these not respond to antisyphilitic treatment? It is now known that the spirochætæ lie free in the cortical and subcortical tissue spaces, away from blood-vessels, and that they cannot therefore be reached by *arsenic* and other medicaments presumably exerting their effects *via* the blood stream. For the last two years Dr. Swift has

been working in the Rockefeller Hospital at a novel method of reaching the spirochæta in these diseases. An injection of salvarsan is given intravenously to a patient suffering with, say, general paralysis. One hour later his serum is withdrawn, centrifugalised, diluted with saline, heated to 56°C. for half an hour—a proceeding which Dr. Swift has shown greatly increases its spirochæticidal properties—and is injected into the cerebrospinal fluid directly by lumbar puncture. In all but three of thirty-two cases thus treated Dr. Swift has seen a marked modification of the Wassermann reaction, which either becomes feebly positive or negative. If these results are corroborated it is clear that we shall have to modify our views on the hopelessness of anti-syphilitic therapeutics in general paralysis. In any case, the problem of parasyphilis is in a fair way of being solved, and we may well expect that ere long another chapter of neuropathology will have been entirely rewritten.—*The Lancet*.

THE ALBUMIN REACTION.—The presence of albumin in the sputum as an aid to the diagnosis of active pulmonary tuberculosis has been credited and discredited by a number of physicians during the past decade. In *The Lancet* of August 9th we published a contribution to the subject by Dr. Percy B. Ridge and Dr. H. A. Treadgold. Attention to the literature dealing with the diagnostic significance of albumin in the sputum revealed a degree of confusion as to the interpretation of results obtained on a material of 2,000 cases. Dr. Ridge and Dr. Treadgold therefore decided to examine at least an equal number of specimens of sputum themselves with a view to establishing a relation between active pulmonary tuberculosis and the appearance of albumin in the sputum and the pathological condition associated with albuminous sputum. The authors insist on the necessity of discarding all clear mucin and selecting only muco-purulent portions of the sputum for examination. If this precaution is taken they find that 98.9 per cent. of specimens of sputum containing tubercle bacilli also contain albumin. The method also revealed the presence of albumin in the sputum recovered from cases of pulmonary oedema, bronchiectasis,

pulmonary neoplasm, lobar pneumônia, broncho-pneumonia, and aneurysm. We are of the opinion that the value of these observations would have been enhanced had the authors carried out a series of tests on groups of patients over a long period in relation to the progress or retrogression of the pathological conditions under the influence of treatment. With reference to the pathological condition associated with the appearance of albumin in the sputum, Dr. Ridge and Dr. Treadgold believe that it is of the nature of an alveolitis. They base their opinion on the fact that in specimens containing albumin there is a relative increase in the number of alveolar cells, and that the cases producing this sputum show clinical evidence of consolidation of some portion of the lung. The authors do not state what experimental evidence has led them to this conclusion, nor do they define what they mean by alveolitis or alveolar cells. Much careful investigation is necessary before their conclusions can be accepted as a fact, but they are to be congratulated on an arduous piece of work faithfully performed. Whether the appearance of traces of albumin associated with a relative increase in "alveolar" cells in the sputum will eventually be shown to be of significance in the early diagnosis of pulmonary tuberculosis remains problematical.

—*The Lancet*.

RELAPSING FEVER IN CENTRAL AMERICA.—At the present moment little is heard of the ravages of relapsing fever in Europe, though during last century there were some very severe epidemics in our own country, particularly in Ireland and Scotland. More recently Russia has had some unpleasant experiences of the malady. At one time the origin of this scourge was attributed to famine, but it is now recognised that the malady is a form of spirochætosis and that its spread, in Europe at all events, is associated with the bites of infected lice or bugs, though in America the transmission of the malady is attributed to ticks. During the interesting discussion on relapsing fever which took place in the Tropical Medicine Section of the International Congress of Medicine in London, Dr. S. T. Darling, chief of the laboratory staff of the Isthmian Canal Commission, stated that since the American occupation of Panama the

disease had never succeeded in obtaining a foothold, notwithstanding that it had been introduced repeatedly into the Canal zone by labourers from South America, and especially from the adjoining Republic of Colombia, of which Panama at one time formed a part, and where the malady is well known to be endemic. Dr. Darling says that in his experience white men are more susceptible to this disease than the coloured races, the observed attacks being in the proportion of nine of the former to four of the latter. The white man contracts this infection in the same way as he does certain others in the tropics, by his visits to the native villages. It has been established beyond dispute that the specific parasite of relapsing fever in Colombia (as in the United States) is *spirochæta novyi*, and that its transmission is due to a tick, *ornithodoros tourichatus*, which infests the huts of the natives; while in Panama, though the Parasite is the same, the transmitting agent is a different tick, *ornithodoros talaje*. Dr. Darling directs special notice to the fact which, he thinks, has not received sufficient attention—namely, that the forms of relapsing fever met with in Europe, America, and Africa, each due to a different *spirochæta* (respectively *spirochæta recurrentis*, *spirochæta novyi*, and *spirochæta duttoni*), display differing types of the febrile paroxysm. Some American text-books of medicine, while describing the American form of relapsing fever, give, it seems, illustrative charts of the temperature taken from cases of the European variety of the disease. For this reason Dr. Darling believes that cases of American relapsing fever may be overlooked, and owing to the “spiked” character of their temperature charts may be mistaken for malaria or some other kind of fever. It is probably due to the excellence of the general sanitary measures, carried out in the Panama Canal zone by the specially skilled staff, of whom Colonel W. C. Gorgas is the distinguished chief, that relapsing fever has never made any headway, though repeatedly imported into that region from the neighbouring republic of Colombia where, apparently, little or nothing is done to interfere with the spread of the malady, or to prevent its exportation to adjoining countries.

BACILLUS CARRIERS.—We have on several occasions referred to the cases of individuals who, although themselves perfectly healthy and able to carry on their usual avocations, nevertheless harbour pathogenic micro-organisms, and may thus be the source from which a more or less widespread epidemic may arise. For instance, in *The Lancet* of February 10th, 1912, p. 382, we related an instance which occurred in America in which the origin of an epidemic arising in 1909 was traced to a dairyman who had suffered from typhoid fever in 1863 or 1864. Numerous cases of carriers of the bacillus of typhoid fever have now been recorded. Similarly, diphtheria carriers have frequently been observed, whilst observations have shown that the germs of cholera and paratyphoid fever may be conveyed in the same manner. There is reason to believe also that tubercle bacilli may exist for many years in the lungs of an individual who is free from symptoms of the disease. Patients are known who have had the physical signs of old tuberculous lesions in the lungs for from fifteen to twenty years, and yet whose sputum, when obtainable, is found to contain the bacilli, and therefore such persons are a possible source of infection. The difficulties of dealing with carriers are very great, and the measures recently adopted with a typhoid carrier in Manchester mark a new and important precedent in this respect. A woman who lived in one of the large working-class districts in that city supported herself by keeping lodgers. One of the lodgers developed typhoid fever. The woman was found to be a typhoid carrier. She was placed in a hospital for two months, during which time she underwent treatment with a vaccine. On her discharge typhoid bacilli were absent from the stools, but after a week a few colonies were grown, and these increased in number during the second and third weeks. The health authorities considered that she was a danger to those staying in her house, and thus she is now to be given 7s. a week, so that with her old-age pension she would be independent of lodgers. The proposition has naturally been made that carriers should be so dealt with that they are no longer sources of infection to the public, but the means whereby this can be done bristles with difficulties. The plan

adopted by the Manchester health authorities is the first attempt in this direction, and it will be interesting to watch further developments, for under the scheme adopted but little hardship is placed on the woman, yet by forbidding her to take lodgers for whom she would have to cook and generally provide service some restriction is placed on the risk of her carrying infection to others. Yet the public safety from her is only relative.—*Lancet*.

Bursa pastoris.—An excellent remedy in metrorrhagia. The greatest benefit follows the administration of this remedy in cases of passive knowledge generally, not especially to too frequent and too copious menstruation, when this appears in persons of relaxed constitution. If it be given during two or three menstrual periods, it will certainly cure the disposition to profuse bleeding. It is a good remedy for both renal and vesical irritation, at the same time promoting the functional activity of the kidneys to a great extent. The increased flow of bland urine frequently relieves the incontinence of the aged, and especially of old women, who, through irritation of the bladder, kidneys and chronic cystitis, or nephritis, are unable to retain the urine. Amongst the principal indications are frequent desire to pass water, the urine being heavy, with a heavy brick-dust phosphatic sediment. In ascites, astonishing results have followed its use. As it possesses anti-hæmorrhagic properties, it will thus be found of great value in checking hæmaturia.

—*The Homeopathic World*.

Clinical Cases.

P. C. MJUMDAR, M. D.

I. Hysteria—*Nux moschata*.

A young lady, daughter-in-law of Babu M. T., strong-built but weak internally, married early but no issue.

Menses profuse, prolonged and painful. After several remedies tried by another Homeopath menses became almost

normal. Mind fitful, at one time merry and at another sad and peevish.

Crying and laughing alternately. Loss of memory and absent-minded.

Very nervous, jerks of muscles at slight noise, breathing oppressed.

During fits became unconscious, sleepy all the time.

Suffered long from dyspepsia, distention of abdomen with flatus.

Palpitation of heart, breathlessness at slight exertion, mouth and throat dry.

28th January, 1913. Nux mos 200, one dose, followed by Placebo twice.

February 18th. No more fits since a week. Placebo continued. Improving. Palpitation and distention of abdomen gone.

3rd March. Menses regular and no more fits. She is now hale and hearty.

II. Erysipelas.—Pulsatilla.

A young baby, six months old, at Beadon Row, came under my treatment for erysipelas of entire body.

A small red spot appeared on the 3rd February, 1913, on the abdomen, with slight fever. The father of the patient keeps homeopathic medicines and gave him Aconite 3x.

No effect and redness spreading. I was called. The child slept quietly on the mother's lap. Abdomen distended. Red areola over the whole abdomen and a little towards the back. Fever not very high.

Bowels loose, greenish yellow stools frequently passed, distention of abdomen.

Fever slightly aggravated in the afternoon. Pulsat 30, one dose, three times a day. The next day the child was much

better. The erysipelas did not extend and the fever was gone.

Placebo three times a day.

Diarrhœa stopped, no distention of abdomen. The child is lively and cheerful. No more medicine required.

The father of the child wanted to know what was the medicine given and I told him it was Pulsatilla that cured him and only three doses were given.

III. Fever and Diarrhœa—*Natrum sulph.*

An elderly gentleman at Baniapukur, much reduced in body and strength by dyspepsia and fever for the last one year.

After considerable drugging came under my treatment on the 5th of October, 1913.

Fever generally came on about 12 noon, with slight chill, hands and feet were cold. Headache and pains in various parts of the body. Not much thirst. No burning, rather felt chilly all day. No perspiration. At night there was perfect intermission. Bowels loose, two or three watery stools in the morning before fever. Abdomen flatulent with colicky pains before going to stools. During intermission felt very much prostrated.

Nux vom 200 morning and evening.

No effect, fever came on as before. There was slight aggravation of heat, some burning sensation.

Arsenicum 30, no effect in two days. The fever prolonged. No medicine for three days. Condition the same. Diarrhœa more troublesome. *Natrum sulph* 30, morning and evening, for four days brought on a distinct amelioration. Perfect cure was effected in a month.

IV. Typhoid Fever.—*Gelsemium.*

A young girl living in Lansdowne Road, got fever at the

latter part of July, 1913, and was treated by allopathic doctors for a week. I was consulted on the 1st of August with the following symptoms. Fever was very high, temperature rose to 104.5 and came down to 103° in the morning.

Delirious talks all along, more when the fever was high.

Drowsy all through, even when delirious.

Heart's action quick and tremulous. Jerking and constant motion of all the limbs and head. Eyes red and staring. Pupils dilated.

Abdomen distended and one or two stools of dirty yellow color, of stinking odour. Gurgling and pain in the abdomen on pressure. Baptisia 30 and 200 were tried without appreciable benefit.

On the 6th of August Gelsemium 200 was given every three hours. Next day the fever was less and drowsiness much relieved, muscular movements were also less.

In short by continuing this medicine, one dose, during remission cure was effected.

Notes.

Allopathic Bigotry.—The medical authorities in this country—the allopaths appointed by the Government—are eager to legalize a medical bill for the registration and control of the practice of medicine. Their aim is, as they say, to protect the people from bad practice and consequent danger. We have times without number referred to this subject in the pages of our journal. If people are to be protected, it is to be done from the malpractice of the so-called rational physicians—the allopaths.

Homeopathy and other systems of practice gain much reputation in this country from undoubted cures performed under them, while their allopathic brethren utterly fail in their scientific attempts. Ours is not the only journal to record these failures

from time to time but it is the same in the advanced and civilized country of United states of America Here we quote a para from the "Homeopathic Envoy" which had a heading "For the Good of the Nation".

"In as much as the allopaths, who control the medical examining boards, the health boards and pretty much everything else medical, show an actual higher death rate than the other schools, why is it that the people submit to their dictation? Their examining boards even go so far as to even refuse to examine the graduates from certain colleges, even though the men graduated from these colleges show a better clinical record than do the men from colleges that they acknowledge. The public pay doctors to be cured of disease. If the men of our college can show a better clinical record than those of another college, upon what grounds do these boards, the creatures of the state, exclude the better college?

These boards say that their aim is to elevate medicine, but they pay no attention to clinical results. The men of one college may show a death rate of four or five per cent in a given class of cases (in hospital work), while those of another will run from fifteen to twenty per cent, yet the boards will, by board-made rules, even refuse to examine the men with the low death rate. It looks almost as if the whole official end of medicine were bent on making medicine 'a business proposition' rather than one for the cure of human physical ills".

Cold weather—The advent of cold weather this year throughout India is unusually severe. We have never witnessed such a severe cold weather for the last two or three decades. This is a valid reason why the health of the country throughout this year is so unusually good. Even plague cases are rare. We hail the season lasting longer.

Homeopathy vs surgery.—Dr. C. C. Walton says "Homeopathic Aconite turned into a lancet; her Apis and Arsenicum into a trocar; her Bryonia into an aspirator, her Arnica and Opium into

a trephine ; her Hepar, Spongia, Bromine, Iodine and Kali mur. into an intubation tube ; her Pulsatilla and Cimicifuga into a pair of forceps ; her Helonius and Sepia into a pessary ; her Phosphorus into a ligature. If we know Hahnemannian Homeopathy we can treat our surgical cases mostly with medicines with wonderful curative results.

Calcutta Homeopathic Hospital.—It has commenced receiving indoor patients from the beginning of this year and we wish it a brilliant career in curing suffering humanity and relieving and shortening the ailments of people from various parts of the country. Attempts were made before for starting such a hospital, but this venture is unique in the history of Homeopathy in India. We have a beautiful building in a desired locality where many poor people are located. It is situated in the north side of the Upper Circular Road.

ARSENICUM ALBUM.

(Continued from page 250, No. 8, Vol. XXII.)

We will now study a case of Arsenic poisoning in its entirety.

Poisoning by Arsenic may be either acute or chronic. In the former variety the attack comes on with great violence and is ushered in by nausea, a sense of fainting and a great depression of spirit. This is soon followed by vomiting and great burning pain in the epigastrium with sensitiveness to pressure. The pain in the abdomen becomes more and more severe till at last we find the patient purging most violently. This purging is very often associated with pronounced straining. The vomiting is violent and incessant and is excited by the least thing taken into the stomach. The pulse becomes small and imperceptible and the body covered

with cold and clammy perspiration, thus presenting a perfect picture of collapse. Tetanic convulsions, and even coma and paralysis may close the last hours of agony of the unfortunate patient. Great *restlessness and thirst* are two of the most prominent symptoms that characterize the Arsenic poisoning.

Chronic poisoning is marked by a gradual falling off of the appetite, an undefined feeling of uneasiness, paleness due to the destruction of the red blood corpuscles, a suffused condition of the conjunctiva, impaired muscular power sometimes amounting to real paralysis, and a sort of a vesicular eruption on the skin commonly designated the *eczema arsenicale*. Strangury, jaundice and salivation are also noticed in Arsenic poisoning. It has been said that persons handling arsenic get ulcerations of the scrotum and penis.

Now let us peep into the chamber of pathology and see the havoc caused by this poison on the vital organs of our system. The organs bearing the brunt of the poison are the stomach and the intestines. The mucous membrane of the stomach becomes inflamed and presents a dark scarlet color. Here and there the lining membrane thickens in fungoid forms with pasty arsenic imbedded in the holes. In rare cases we find ulceration and still rarely gangrene and perforation. The mucous membrane of the small intestines may be inflamed throughout, but mostly do we find it so in the region of the deodenum. In the large intestines the inflammation is mostly confined to the rectum,

Now a few words about the history of this poison. It has been utilized for medicinal purposes from a very ancient time. We find this drug mentioned in the writings of Dioscorides and in the ancient Hindu literature. Three compounds of arsenic were used by the Hindus of old, such as arsenious anhydride or white arsenic, red sulphide of arsenic or

realgar and the yellow sulphide or orpiment. Of these three orpiment and realgar are of larger use while the white arsenic has been in use only since the time of Bhabaprakasa and the Tantras.

White arsenic, in the Hindu system of medicine, is known by various names such as *Sankha Visha*, *Darumuch* and *Sambalakshara*.

It is employed in a great variety of combination for ailments like intermittent fever, remittent fever, malarial cachexia, diarrhoea, cholera, anæmia, asthma, pulmonary tuberculosis and so forth. In Europe the use of arsenic was not popular till very lately when the English physicians took it up. Amongst them Fowler was very prominent, to commemorate whose memory a preparation of arsenic still goes by the name of Fowler's solution. Arsenic again got into disuse and was much neglected till, be it said to the credit of Homeopathy, Dr. Charge of Marseilles proved its wonderful efficacy and brought it back to use. Dr. Boudice, chief of the military hospital of that city, through his suggestion, used it with great deal of success in the treatment of intermittents amongst soldiers returning from the African moors. Since then Arsenic is enjoying uniform popularity till the present time.

Now a few words about the preparation of this remedy will not be out of place. One part by weight of vitreous arsenous acid is boiled to complete solution in sixty parts of water. This is filtered and more distilled water added till it is raised to ninety parts. To this is added ten parts of ninety-five p. c. alcohol.

Arsenic is very rich in mental symptoms and they are so clear cut and well defined that there is hardly any possibility of confusion of mind. The remedy is really forced upon us. Who can mistake the great restlessness of this irritant

poison ? And it is not simply a physical restlessness, for underlying it we find great mental turmoil almost bordering on real anguish. He wants to move from one bed to another thinking he will feel a bit easy after the change. But alas ! this search after ease and quiet is simply a mirage, There is no relief anywhere and in any position. He does not know what to do or where to go. Even when the patient is too weak to move, this internal restlessness manifests itself by a constant movement of the limbs and when that is not possible, by a sort of woe-be-gone desperate look that tells of the tumult in his soul.

Another important characteristic is fear. The patient thinks it is useless to take medicine as his disease is incurable. We find a similar state of mind in *Acon* but the difference is that in the latter remedy it is more of a nervous kind whereas in *Arsen* the anxiety is caused by the real critical state of his sickness. With this fear is mixed a certain amount of indifference .

We find under *Arsen* a great desire for *suicide*. In fact it is almost as marked as in gold.

This desire of doing away with one's ownself is mostly seen in cases of mania Insanity to which *Arsen.* is homeopathic comes from *long physical suffering and consequent exhaustion*. The patient suffers from all kinds of hallucinations. He is afraid of ghosts, thieves ; he sees all kinds of vermin on his bed, throws handful of them away and tries to escape from them. Very frequently the insanity takes the form of *religious melancholia, hopelessness and despair*. He is despaired of his salvation, life holds out no charm for him. This intolerance of life bursts out in great anguish and restlessness and he tries to kill himself especially *by hanging*.

Other remedies we can think of with a similar suicidal

tendency are Alum, Agn., Aur met, Ant crud. and Nat sulph. Though similar they are characteristically different and it will pay us to study this minutely.

Alum is a low-spirited sort of patient ; he is conscious of his personal identity being confused. He doubts if he is himself. He is conscious of his weak-mindedness for *evil ideas come to him inspite of his will* and he wants to make short of his intolerable existence by *cutting his throat*.

Agnus cas. is indicated mostly in *puerperal insanity* with suicidal tendencies. The most prominent feature of this patient is her aversion for her husband, babe and to all sexual intercourse.

Aurum met. is a sovereign remedy for insanity with *suicidal ideas*. Time and again have I proved this in my personal experience. He indulges in the gloomiest of ideas and the most depressing of emotions with a syphilitic or syphilo-mercurial constitution in the back ground. He has a especial hankering for *shooting himself or throwing himself from a height*.

Antim Crud works miracles in sentimental insanity. We call these people moon-struck, They constantly indulge in an ideal love for some ideal female being especially so in lovely sceneries, moon-lit nights and in open air. From non-gratified craving they get gloomy and peevish and want to end their miseries *by shooting and drowning themselves*.

Nat. sulph is another great remedy for suicidal purposes. He is in constant need of restraint lest he will do himself bodily harm. Such patients have got to be constantly watched. They dread music, for music makes them melancholy and suicidal. This insanity is to be traced to a jar or a knock on the head or a fall or to some sort of injury about the brain.

I have said about the fear and anguish of this patient ; but this fear is to a great extent modified by a sort of calm

Indifference. He is afraid that his case is going to be fatal and yet he accepts it as inevitable. This dread of death is more noticeable *when alone* or on going to bed.

(To be continued.)

N. M. CHOUDHURI, M.D.

Book Review.

Medical Union, Number Six. By William Henry King, Author of *My Smoking Room Companion*, 60 Pages, Cloth, Philadelphia, Boericke and Tafel, 1913,

This little book is intended for commercialism in medicine. There is a tendency now-a-days to base medical practice on money value. It is a satire and throws some reflections upon some of the doctors of the present day.

It will be read with pleasure in leisure.

Eat, Drink, and Live Long (Common sense suggestions for ordinary diet and hygiene) By H. O. Rieberg, M. D., Lecturer on diet and hygiene, Professor of Embryology and Physiology, Hering Medical College, Chicago: Author of "Reinstern." Philadelphia, Boericke & Tafel, 1913.

This little volume contains many things new and original to the Western people but among the Eastern nations, especially the Hindus, these truths were known from ancient times. The fasting, spare food, very little meat food are all very carefully dealt with in Hindu works. We invite our readers to read this book and surely they will be benefited.
